
Public Disagrees With Doctors On When It's Right To Treat Severely Ill Patients

Researchers in Sweden sent a questionnaire to almost 1000 adults randomly selected from the general population, and more than 400 intensive care doctors and neurosurgeons. In plain language, it worked through the case of a 72-year-old patient suffering from a severe intracerebral haemorrhage.

First, it looked at the case for and against neurosurgery. Second, it considered what should be done when, following the operation, it became clear that the patient would not survive without life support. Finally, after life support had been withdrawn, it asked whether potent sedatives and analgesics should be administered, even though this might hasten death.

The majority of the public (59.8%) supported arguments in favour of performing the neurosurgery, saying that "the primary task of health care is to save lives". Most of the doctors (82.3%), however, were reluctant to perform heroic surgery in the setting of a pessimistic prognosis, arguing that surgery would not improve the patient's quality of life.

Neither of the groups was swayed by the age of the patient or cost-benefit argument for not performing surgery.

As the patient's health deteriorated, the study demonstrates that the attitudes of the public and doctors begin to converge. A majority of doctors and the public supported the withdrawal of life support, although often for different reasons. More of the public considered the patient's wishes to be important.

Over 95% of doctors and 82% of the public agreed to the administration of potent sedatives and analgesics, both groups wanting to keep the patient calm and pain-free rather than hasten death. More members of the public than doctors said that drugs should not be given if there was any risk of hastening death; over a quarter of the public regarded this as a form of euthanasia rather than an inevitable side effect.

"On the whole, the results indicate that the general public has high expectations of what the health care system is capable of doing," notes Anders Rydvall, who led the study. "It is important that doctors appreciate the differences in the ways that they and the public work through these difficult decisions. If they understand the arguments, expectations and preferences of the public or relatives that will be better equipped to prevent miscommunication or controversy."

Journal reference: Withholding and Withdrawing Life-Sustaining treatment: A Comparative Study of the Ethical Reasoning of Physicians and the General Public. Anders Rydvall and Niels Lynoe. Critical Care (in press)

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