Media release

"A good death" the aim of care as much as a good life

We all hope for a "good death", both for ourselves and for those we love. But not everyone succeeds in this because medical treatments are sometimes begun which are futile from the outset.

Emergency medicine is at the front line of managing futile treatment and providing the best death possible in all circumstances, according to the authors of a paper published as an "Early View" in *Emergency Medicine Australasia*, the journal of the Australasian College for Emergency Medicine.

In the article, Associate Professor Alan O'Connor, from the Department of Emergency Medicine at the Royal Brisbane and Women's Hospital, Dr Sarah Winch, from the School of Medicine at the University of Queensland, Dr William Lukin, from the Department of Emergency Medicine at the Royal Brisbane and Women's Hospital, and Professor Malcolm Parker, from the School of Medicine at the University of Queensland, write that "This situation is not new. Hippocrates counselled against medical futility, suggesting the physician 'refuse to treat those who are overmastered by their disease, realising that in such cases medicine is powerless'."

The authors say that emergency medicine can be seen to be both part of the problem and part of the solution – it often plays the role of commencing measures, which might be judged to be futile, but the ED is also the ideal place for difficult conversations, and difficult decisions regarding withholding of treatment, to begin.

Barriers to withholding futile treatments include unrealistic media portrayals of the outcomes of medical interventions using medical technology, the authors say.

Another is the fear of litigation if treatment is withheld.

"However, the easiest path is not always the correct path for the patient, family, or the medical staff involved.

"When a physician realizes that the care being provided to a patient under their care is futile, they have an ethical obligation to intervene and ensure that such care is not continued, and the patient is managed in such a way as to keep them comfortable – in other words, to have a 'good death'.

"This apparent oxymoron could, in fact, turn out to be the best care that that patient has received from a medical practitioner during their final illness, and should be a source of comfort to the patient, their family and the practitioner themselves."

FURTHER INFORMATION:

Associate Professor Alan O'Connor

Phone (07) 3636 7901

Issued for the Australasian College for Emergency Medicine (phone 03 9320 0444) by Marilyn Bitomsky, Impact Promotions & Publications, phone 07 3371 3057 or 0412 884 114.