

The Withdrawal of Medical Treatment

Contact(s):

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Neurosurgery finds itself at the center of social change with regard to the deliberate withdrawal of support systems from patients who are terminally ill. The following recommendations are presented for consideration in these matters:

1. It is of central importance to have as much certainty in the diagnosis of both terminal illness and irreversible coma as possible. Consultation should be obtained where appropriate and whatever confirmatory tests are necessary to establish the diagnosis should be performed.
2. If the patient is competent, his or her wishes should be honored. If the neurological surgeon cannot in good faith do this, the appropriate course is to find another neurological surgeon to assume the patient's care.
3. If the patient is incompetent, major consideration should be given to what the patient would have wanted or if that cannot be ascertained, to what the patient's surrogate would have wanted. If the patient's wishes cannot be ascertained, the guiding principle should be what the neurological surgeon feels is best for the patient.
4. The actual decision-making is best done by the patient's family or surrogate in concert with the neurological surgeon. If there is an institutional group for helping to make such decisions it can be used.
5. "The withdrawal of care" in terminally ill or permanently comatose patients can be used to mean many courses of action. There are situations where an institution's legal counsel should be consulted before any definitive action is taken. The decision-making process, however, should remain between the neurological surgeon and family.