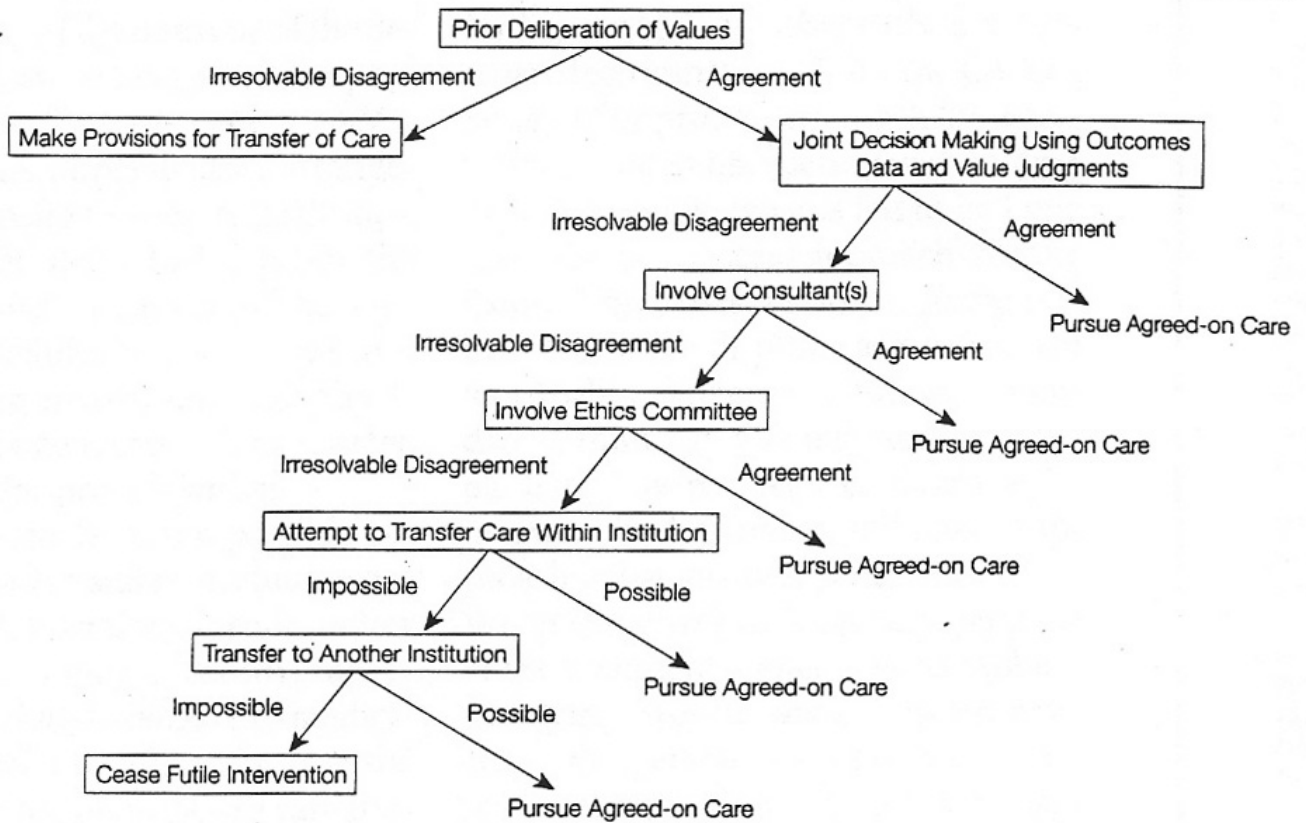


Suggestions for Conflict Resolution with Patients and Families over Treatments

1. Throughout the conflict-resolution process, clinicians should enlist consultation (second opinions, patient advocates, chaplains, etc) to aid in achieving an agreement (Figure).
2. Patients or legal agents (Medical Power of Attorney representatives, health care surrogates, or guardians) for patients who lack decision-making capacity should be given clear notification, preferably in writing, regarding the steps to be taken to resolve the conflict and an estimated timeline for the process.
3. Clinicians should obtain a second medical opinion to verify the prognosis and the judgment that the requested treatment is inappropriate.
4. For cases in which steps 1-3 have not resolved the conflict, there should be case review by an interdisciplinary institutional committee such as an ethics committee.
5. If the committee agrees with the treating clinicians, then clinicians should offer the option to seek a willing provider at another institution and should facilitate a process of transfer to the willing provider.
6. If the committee agrees with the clinicians and no willing provider can be found to accept the patient in transfer, patients or their legal agents should be informed of their right to seek case review by an independent appeals body or a court injunction to block the withholding or discontinuation of the contested treatment.
- 7a. If the committee, appellate body, or court agrees with the patient or legal agents' request for treatment, clinicians should provide these treatments or transfer the patient to a willing provider.
- 7b. If the committee, appellate body, or court agrees with the clinicians' judgment, no willing provider for a transfer of care can be found, and the patient or legal agent does not seek independent appeal or the appeal affirms the clinicians' position, after giving sufficient notice to the patient/legal agent and an explanation of the process, clinicians may withhold or withdraw the contested treatment and should provide high-quality palliative care.

Figure. Fair Process for Considering Futility Cases



The figure is from the American Medical Association's Council of Ethical and Judicial Affairs report on "Medical Futility in End-of-Life Care." *JAMA*. 1999;281(10):937-941. It is for illustrative purposes only. Clinicians and institutions should use their professional judgment in application of the above suggestions and the process in the Figure. These suggestions do not constitute legal advice. For legal advice in conflicts in patient care, institutions should consult with their attorney.