



Service Priorities and Programmes
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**Adoption of Futile Treatment in an Acute Unit among Patients Joining
End-of-Life-Care Program**

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Introduction

Shatin Hospital (SH) has commenced an End-of-Life-Care-Program (EOLC) for non-cancer patients with chronic illnesses since 2008. Although participants are given priority to beds in SH, they usually spent a few days in the acute unit before transferring to SH and some of them even died in Prince of Wales Hospital (PWH) due to unstable medical conditions. According to the EOLC recruitment criteria, their life expectancy was assumed to be shorter than 6 months, so intensive investigations and aggressive treatments would unlikely alter their mortality, but added instead extra burden and psychological stress to both patients and their families.

Objectives

This study reviewed the extent of the adoption of futile treatments in an acute unit, aiming to further improve the quality of EOLC.

Methodology

This retrospective chart review study included EOLC participants who died in PWH in 2010. Their medical records were examined to look for any adoption of futile treatments including cardio-pulmonary-resuscitation (CPR), endotracheal intubation, mechanical ventilation, use of inotropic agents, fluid resuscitation during hypotension, insertion of urinary catheter for monitoring, and invasive diagnostic procedures in the last 7 days of their lives. Any positive findings were considered as undesirable in EOLC.

Result

Results A total of 146 EOLC participants died in 2010. Nineteen of them (13%) died in PWH and 5 (3.4%) were certified death in Accident and Emergency Department (AED) of PWH. Among the 146 patients, 6 of them received CPR and 2 received endotracheal intubation. Inotropic agent was used in 3 participants during shock. Two received fluid resuscitation during hypotension. Non-invasive positive pressure ventilator (NIPPV) was given to 2 participants. One underwent OGD and diagnostic abdominal paracentesis was performed on 1 participant. Conclusion Resuscitation in AED, intensive investigation for finding abnormality, and aggressive treatment in

deteriorating medical condition were common in acute hospitals. Although the order of “Do-Not-Resuscitate” is not equivalent to “Do-Not-Treat”, physicians should consider the pros and cons before ordering tests. On the other hand, investigations for guiding treatment plan, particularly comfort care, were justified. In this study, futile treatments such as NIPPV during respiratory distress, fluid resuscitation during hypotension, and unnecessary investigations in the terminal life stage were conducted by house officers. Raising the awareness of EOLC among frontline staff in different units especially junior staff, standardizing the EOLC pathway, promoting the use of “Do-Not-Attempt CPR” in community were recommended to further improve the quality of EOLC.