On the Ethics of Withdrawing and Withholding Treatment

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I. Introduction

The article, “On the ethics of withholding and withdrawing medical treatment”, by Massimo Reichlin, discusses the complications of bioethical issues that are present when healthcare professionals either withdraw or withhold medical treatment. Reichlin discusses the different distinctions of moral relevance in several treatments for close to end-of-life situations. He also holds a clear argument for how although life-sustaining treatments such as ventilators are similar to the use of euthanasia, there is a likelihood that healthcare professionals may be more willing to hold treatment.

II. Treatment Withdrawal Scenarios

Reichlin begins by acknowledging the controversy behind the idea of end-of-life situations. The conversation for how to determine the appropriate manner for end-of-life termination has been a question of concern amongst several bioethicists. The determination for a healthcare professional to withdraw or withhold treatment has historically been due to the idea of defending the life of the patient without regard to the patient’s autonomy.

Before acknowledging the decision that a healthcare professional makes when determining either withdrawing or withholding treatment, it is best to further acknowledge the legal aspect behind caring for a patient’s well-being. Due to certain legal standards, some treatments are forbidden due to a specific country’s personal perspective of morale. Countries such as the US withhold abortions in many hospitals without regards to a patient’s autonomy. Also, in countries such as Italy, there has been an acknowledgement of the lack of treatment for patients in a clinical setting due to the personal perspective of the country and likely cultural

reasons. For example, in Italy, in the case of Eluana Englaro, medical treatment was withdrawn from her while she layed in a vegetative state. Despite her health condition, this scenario raised a major concern to the entire country.

The scenario of Englaro brought about the possibility of healthcare professionals killing patients without receiving consequences. It also brought about the idea of what treatments should and should not be considered as therapeutic for sustaining the life of close-to-death patients. Englaro's death was brought to the attention of many bioethicists internationally and nationally. The Supreme Court determined that treatments such as artificial nutrition hydration due to its nature is not considered as therapeutic.

The decision-making process for many bioethicists has been made simple when determining the criteria for a patient to receive life-sustaining therapy with the use of legal policies. In some cases, such as the Welby case where a patient with LAS decided to be terminally sedated and taken off the ventilator has brought about question as well. The patient's will was considered as suicide and despite the patient's autonomy, this case was brought to court to determine if the physician focused solely on the well-being of the patient.

III. Determining ethical morale

Reichlin then acknowledges the question for what is the criteria for ethical morality. The question of *what is the good for the patient* has become the major topic for many healthcare professionals and bioethicists. Also determining who is competent enough to define ethical morality has become an issue as well. This dilemma has affected the determination of how to question how to handle sustaining the lives of those who face near-to-death situations. In some

cases, such as the Welby case, patients have been known to reject retreat from a physician in order to either sustain their lives or to end their lives.

In some cases, a patient would try to undergo chemotherapy however after many trials and after suffering from pain the patient can make the decision to stop therapy. In this case it is considered as ethical to allow the patient to not continue treatment. Morally, it would be acceptable as well. Also, based on this perspective, looking for a different option for the patient to survive has become a phenomenon amongst different healthcare professionals. Despite the patient withdrawing treatment it is still difficult to determine whether the patient's "good" is completely considered. Whenever we acknowledge the well-being of the patient, we must acknowledge what defines the patient's well-being in that certain circumstance.

Reichlin argues there is a lack of sufficient reasoning for not giving into the well-being of the autonomy of the patient. In some cases, it has been determined that allowing the patient to die is considered as immoral because it would be a way of allowing the patient to commit suicide. Ending the patient's life, which goes against the oath that many healthcare professionals have chosen to commit their lives to has often gaining the question of how this rationale should be formally calculated.

Withdrawing and with help holding medical treatment can be considered as killing a patient in some cases it is excepted as medical killing in other words murder. There is a difficult way to determine or assess how a healthcare professional can be considered as non-professional when withholding treatment is it for the well-being of the patient life-prolonging treatments are not always excepted some treatments

IV. Conclusion

To conclude, there has been a difficulty with determining the morale and ethicality behind withholding and withdrawing treatment for many patients and subject in clinical settings. By acknowledging the patient and subject autonomy, many physicians and researchers have sought to include considering the criteria for allowing them to decide for their own lives. Despite the universal controversy, it is still difficult to determine what is the best decision for sustaining the life of patients due to legal guidelines and policies.