

Capstone for Impact Submission | GY2020

Project Title: Psychiatric Futility: Cases and Criteria

Student Name(s): Elizabeth Kopp

Advisor Names(s): Dr. Lauren Smith

Branch: Systems and Hospital Based Care

Path of Excellence: Ethics

If this project can be continued by another UMMS student, please include your contact information or any other details you would like to share here:

Summary:

My project focused on the topic of psychiatric futility and the ethics of this concept. We often discuss futility in the concept of medical treatments, but not psychiatric ones. Through this project, I wanted to explore whether or not patients who were refractory to all available psychiatric care could be considered to be appropriate for palliative care, rather than potentially futile further psychiatric care. For my project, I developed and presented a case at the MSMS 23rd Annual Conference on Bioethics in Ann Arbor.

Methodology:

I began by reading several papers written on the concept of psychiatric futility, and developing my own views on the topic. I then read through many of the completed ethics consults from the ethics committee at UM, and found a case of refractory anorexia nervosa that I thought was appropriate. I based the case I presented off of this one, changing some details for patient privacy, and others in order to prompt the ethical questions I wanted to discuss. I then presented this case at the MSMS 23rd Annual Conference on Bioethics in Ann Arbor on 11/9/2019, which focused on end-of-life issues, and moderated the ensuing discussion with the help of my mentor, Dr. Smith.

Results:

When I presented this case, the audience initially had a difficult time discussing the ethical question at hand. The discussion initially focused on details of the case, particularly the patient's social situation, in an attempt to find a solution other than palliative care to the problem. Many members of the audience were also hesitant due to the patient's inconsistent participation in outpatient therapy. With some redirection, the ethical question of whether further psychiatric treatment could be considered futile was discussed, but there did not seem to be a clear consensus on this issue. We also discussed the patient's decision making capacity and whether this impacts her desire to pursue palliative care.

Conclusion:

The concept of medical treatment futility, where a treatment is unable to provide benefit to a patient, is relatively well defined and frequently discussed. Though it can be difficult to determine whether or not a medical treatment is futile in some cases, determining whether a psychiatric treatment is futile is inherently difficult due to the difficulties in predicting response to treatment or the physiologic effects of treatment. The idea of pursuing palliative care for a psychiatric condition at a patient's request can be difficult for physicians, particularly in cases where suicidal ideation may be involved either at present or in the past. This difficult concept must be handled on a case by case basis, taking into account social factors and medical comorbidities, as well as the patient's goals and values. Though the patient in this case presented did ultimately receive palliative care, there was no clear consensus reached by the audience at MSMS, highlighting the difficulty of this topic and the need for further discussion.

Reflection/Impact Statement:

This topic was challenging in that it can be uncomfortable to think about stopping intensive psychiatric treatment for a patient, knowing that this will likely result in the death of the patient, and pursuing palliative care instead. This case challenged me to think about cases in which this approach may be appropriate, such as cases where all available treatments have failed and the values of the patient are consistent with a palliative care approach, knowing that with further intensive psychiatric treatment the remainder of the patient's life would not be consistent with their desired quality of life. Since these cases can be extremely difficult to deal with, and the concept of psychiatric futility is not frequently discussed, I think this project was important in encouraging the ethicists and health care providers present at the conference to think about this topic and how it may apply to patients they might see in the future. As a future pediatric neurologist who is also interested in being involved with work in ethics, I will also face difficult end-of-life cases, often with psychiatric comorbidities, and will also need to keep these issues in mind. I believe that this is a topic that requires more discussion in order to develop an ethical framework for dealing with these cases, and hope to continue to learn about this topic as I continue my career, and advocate for its discussion amongst health care providers.