

Withdrawal

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Goals and Objectives

- Understand and be able to discuss that Withdrawal is more than “Pulling the Plug.”
- Utilize Osteopathic values of the patient and family to comfort the clinical and emotional responses to Withdrawal.
- Know and be able to support the emotional response to Withdrawal.

Synonyms for Withdrawal

- Withdrawing life-support
- Giving up
- Stopping everything
- Letting him/her die
- Doing nothing
- Pulling the plug

Technological Support

- Automatic internal cardiac defibrillator
- Left ventricular assist device
- Peg feeding
- IV fluids
- Dialysis
- Ventilator

Pharmacological Support

- Pressors
- Antibiotics
- Cardiac medications
- Centrum Silver Women's

Withdrawing Life Support

- Emotionally charged
- Politically charged
- Polarizing issue
- Religious/cultural values
- Legal issue
- Medical ethics
- Devaluing the patient

Medical Ethics

- Benefit vs. Burden
- Medical facts
- Autonomy vs. Beneficence
- Patient/family goals of care
- Withdrawing vs. withholding

Withdrawal

- Ventilator withdrawal the prototype
- Pulling the plug
- The ICU guarantees an immediate death
- Patient comfort
- Family comfort
- Staff comfort

Withdrawal, Patient/Family Perspective

- Taking care away
- But they can't live without it
- Tangible removal of care and caring
- Abandoning all hope
- Abandonment

Responses to Withdrawal

- Clinical
 - Decline or Improvement (Surge or Blossom)
- Emotional
 - Usually negative
 - Sense of abandonment

Withdrawal Goals

- Bring comfort to patient and family
- Respect patient/surrogate wishes and goals
- Positive impact on staff and caregivers
- Reduce risk of unintended consequences

How to do it

- Consensus
- Situational awareness
- Cultural, religious and personal sensitivity
- One truth
- Principle of Substituted Judgement
- Calm demeanor
- Improved environment
- Person centered care

The Process

- Complete all forms and documents
- Focus on the patient and the family will too
- Let other staff know what is happening so they can be respectful and quiet

The Process for Ventilator Withdrawal

- Turn off monitors and alarms
- Allow for privacy
- Gather loved ones (if they wish)
- Hand holding, touching, prayer (if they wish)
- Don't be secretive
- Be open and inclusive
- Talk about comfort
 - “Her comfort is our priority”, “How can we help”

Ventilator Withdrawal

- Assess the patient's ventilator status
 - No patient effort of breathing
 - PRVC,IMV at 8 bpm, patient breathing 18 bpm
- Assess the patient's comfort needs
 - Completely non responsive, no sign of suffering
 - Non verbal indicators of distress, suffering

The Withdrawal

- Talk softly, be calm
- Administer comfort medications
- F_iO_2 at 40% or less
- PEEP < 5
- IMV is a good mode
- Slow the rate
- Comfort the patient and family
- Slow the rate

After Withdrawal

- Continue palliative medications
- Oxygen and suction for comfort
- Involve the loved ones (if they wish)
- Keep a quiet peaceful environment
- Offer comfort to family
 - “Can I do anything for you?”

Important Concepts

- Offer continuing care
 - Patients and families fear abandonment
- Understand family dynamics
 - Guilt, blame, anger should be comforted
- Remove any associated burdens
 - Pulse oximetry
 - Finger stick glucose monitoring

Withdrawal, Ventilators to Vitamins

- Removing anything
- Abandonment
- Devaluing
- Symbols of care and caring
- Support the goal of care

Finally

- If all goes well, the loved ones will forget the event and remember the patient.
- If all does not go well, there will be no forgetting.
- Even withdrawing Centrum Silver Women's should be done with the supportive process.



Thank you

References

- AAHPM, protocols for withdrawal
- TrustBridge Conversation, proprietary work
- Support Care Cancer, 2011, Nov 19. “When patients and families feel abandoned.”
- Patient and Physician emotions of Abandonment, New York Times referencing Archives of Internal Medicine, Nov 2009.