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
- $F_1O_2$ 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
• Patient and Physician emotions of Abandonment, New York Times referencing Archives of Internal Medicine, Nov 2009.