ETHICS/CONSCIENCE

Life-Affirming Principles for Medical Decision-Making

HALO™

1. No matter what life-sustaining procedure/medical treatment is in question, when in doubt, **err on the side of life**. A medical intervention can be tried with the option of stopping it if it proves ineffective or excessively burdensome *for the patient*.

2. It is the physician's obligation to truthfully and fully, in layperson's terms, discuss with the patient/proxy/family/guardian the benefits, risks, cost, etc. of available medical means that may improve the patient's condition/prolong life. The focus should be on what the person making medical decisions needs to know in order to give *truly informed consent*.

3. The patient or the patient's legal representative makes the decision whether a treatment is too burdensome. (Note: The patient's life must never be ended because it is considered a burden to the patient or others.) If a patient wishes to fight for every moment of life, this is a legitimate interest to be respected.

4. It is impossible to make morally sound, sensible, informed health care decisions based on guesswork about some future illness or injury and possible treatment options. Health care decisions must be based on *current* information.

5. Two extremes are to be avoided:

- Insistence on physiologically useless or excessively burdensome treatment even when a patient may legitimately wish to forgo it.
- Withdrawal or withholding of treatment with the intention to hasten/cause death.

6. The object and motive for administering **pain medication** must be to relieve pain. Death must not be sought or intended. (See HALO's fact sheet "Drugs Commonly Used in Hospice and Palliative Care.")

7. Nutrition and hydration, whether a person is fed with a spoon or through a tube, is basic care, not medical treatment. Insertion or surgical implantation of a feeding tube takes medical expertise, but it is an ordinary life-preserving procedure for a person who has a working digestive system but is unable to eat by mouth.

- Acceptable - During the natural dying process, when a person's organs are shutting down so that the body is no longer able to assimilate food and water or when their administration causes serious complications, stopping tube-feeding or spoon-feeding is both medically and morally appropriate. In these circumstances, the cause of death is the person's disease or injury, not deliberate dehydration and starvation.
- Unacceptable - When a person is not dying—or not dying quickly enough to suit someone—food and fluids are often withheld with the intent to cause death because the person is viewed as having an unacceptably low quality of life and/or as imposing burdens on others. The direct cause of death is then dehydration and starvation.