



HPNA Position Statement Withholding/Withdrawing Life-Sustaining Therapies

Background

The overall goal of palliative nursing care is to prevent and reduce suffering.^{1,2} As a life-limiting illness progresses, medical interventions may become more burdensome than beneficial and/or increase pain and suffering, affecting the patient's quality of life. This may lead to changes in the patient's goals of care.³ In these situations, a patient may make the decision to forgo or stop treatments that could be sustaining or prolonging life, allowing for a natural dying process. At that time, the patient may consider a do not resuscitate (DNR) order, which means that cardiopulmonary resuscitation should not be performed.⁴ The decision to withhold or withdraw life-sustaining treatment can occur in any population across the lifespan from infants to older adults.

It is the position of the Hospice and Palliative Nurses Association (HPNA) that:

- All life-sustaining therapies may be withheld or withdrawn. There is no difference, ethically or legally, between the decision to not initiate a treatment that may not be beneficial and the decision to stop or remove a treatment that is not beneficial and/or no longer wanted.⁵
- Every person with decision-making capacity has the right to withhold/withdraw any medical therapy.
- Patients have the right to appoint a surrogate decision-maker, who can make decisions on their behalf if they are unable to do so.

Ethical Principles

Decisions regarding withholding and/or withdrawing such therapies are often central to advance care planning.^{4,6} Ethical decision-making involves:

- The voluntary and informed choice of a patient with decision-making capacity to determine whether a life-sustaining therapy will be initiated, withheld, or withdrawn
- How a healthcare professional respects a patient's autonomy by accepting that patient's decisions to forgo or withdraw any treatments, including those that sustain life
- Evaluating whether a treatment is warranted based on a patient's perception of benefit versus burden
- The utilization of an appropriate surrogate, patient-appointed or natural, usually a family member, to make substituted judgments for patients who have insufficient capacity to make their own decisions



The Role of the Palliative Care Nurse

Palliative care nurses provide support to patients and their families as they navigate decisions about life-sustaining treatments through a variety of activities: clinical practice, education, research, policy, and leadership.

Clinical Practice

- Palliative care nurses play an essential role in bringing together members of the interprofessional team, the patient, and the family to ensure that all perspectives are heard and that a holistic plan of care is developed.
- Palliative care nurses advocate for care that is consistent with the stated wishes of the patient and/or the patient's surrogates.
- Palliative care nurses honor any previously communicated advance directives, including those that appoint a surrogate decision-maker if the patient loses decision-making capacity. If, for some reason, it is not possible to honor advance directives or wishes, nurses must document why they cannot do so.⁶
- Palliative care nurses ensure continued nursing care when withholding/withdrawing treatments. Limiting life-sustaining treatment does not mean limiting care. Patients and families need reassurance that a decision to forgo or limit treatment does not result in lack of appropriate personal care or lead to abandonment.
- Palliative care nurses educate and prepare families about what to expect when withholding or withdrawing life-sustaining treatments.⁷
- Palliative care nurses assess and manage the patient's symptoms to ensure comfort, including nonpharmacologic and pharmacologic strategies.¹
- Palliative care nurses provide developmentally appropriate support strategies to the patient's family members as they contemplate decisions about withholding or withdrawing life-sustaining treatments.
- Palliative care nurses provide holistic support to patients and their families at the end of life and plan bereavement follow-up care.¹
- Should there be a disagreement about the plan of care or ethical questions related to medical care options, nurses and interprofessional team members should consult with ethics committees to support the clinical decision-making process.⁶
- In the event of a moral objection or conflict related to a plan of care involving withholding/withdrawing treatment, a palliative care nurse may consider finding a nursing colleague to assist with or assume care to ensure that the patient receives comprehensive end-of-life support.⁸

Education

- Palliative care nurses possess expert knowledge about the care considerations of using, continuing, withholding, and withdrawing life-sustaining therapies to support patients, families, and other healthcare providers regarding decisions about their use.



- Palliative care nurses advocate for incorporation of topics related to withholding and withdrawing treatment in undergraduate and graduate nursing education.⁹
- HPNA has developed and will continue to develop evidence-based educational materials that promote optimal care for patients and their families across the illness trajectory, including at the end of life.

Research

- The HPNA Research Agenda “provides focus for researchers to conduct meaningful scientific and quality-improvement initiatives and inform evidence-based practice.”¹⁰
- Nursing research that investigates withholding or withdrawing life-sustaining therapies and related topics should include participants across the lifespan in all settings.
- Nurse researchers should partner with interprofessional teams of researchers and clinicians to advance palliative care science and narrow the research and practice gap.
- HPNA recommends that researchers engage patients and families in all research endeavors to fully inform the palliative research agenda.

Policy

- Palliative care nurses advocate for patients who lack decision-making capacity and who do not have a previously designated surrogate decision-maker to name such a person in accordance with state, local, and institutional regulations. A parent/guardian has legal authority to make decisions regarding treatment for a child if the child is younger than 18 years and the parent/guardian is considered to have the child’s best interest at heart. However, the child’s views and preferences for medical care, including assent and refusal for treatment (when developmentally appropriate) should be documented and given appropriate weight in decision-making. Next-of-kin legislation in some states may identify a legally authorized surrogate.
- When a child’s wishes differ from those of the adult decision-maker, appropriate professional staff members must assist the child as well as the family.¹

Leadership

- Palliative care nurses educate the public to increase understanding about withholding/withdrawing life-sustaining therapies and allowing for natural death.
- Palliative care nurses teach patients and families about the value of advance care planning.
- Palliative care nurses develop leadership skills that include building connections, developing trust, listening, thinking critically, taking accountability, giving feedback, and negotiating conflict.¹¹
- HPNA advocates that palliative care nurses develop their leadership skills through clinical practice, research, education, policy, and administrative roles.¹¹



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HPNA thanks the following individuals for their contributions to this statement:
Natalie S. McAndrew, PhD, RN, ACNS-BC, CCRN-K, Christine A. Fortney, PhD, RN, FPCN,
and Margaret Campbell, PhD, RN, FPCN

This statement reflects the best available evidence at the time of writing or revisions.

Approved by the HPNA Board of Directors **date will be inserted.**

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