Who Should Switch off the Life-Support Machine?

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"One of the biggest problems with dying is medical science...that we can keep a dead person 'alive'."[1] Consequently, "(m)anagement of the terminally ill patient has become increasingly complex as the means to keep a patient alive have advanced."[2] "Specifically, decisions on many externally provided life-sustaining therapies, including feeding tubes, mechanical ventilation, cardiopulmonary resuscitation in the event of cardiac arrest, and the administration of intravenous fluids, antibiotics, and external pacing, have typically favored the right of the patient or the surrogate decision maker to refuse and withdraw therapy."[3]

"Currently, a physician's removal of life sustaining apparatus from a terminal patient is a permissible alternative to a prolonged, vegetative life. Under certain circumstances, the removal of life sustaining treatment from a patient does not give rise to either criminal or civil responsibility."[4] The right of patients to refuse treatment is now widely accepted and most physicians have no difficulty, both from their moral and ethical perspective, respecting this right. Withholding treatment per patient's request seems so mundane in any health care institutions. But when confronted with withdrawal of life-preserving interventions, most physicians will step back, struggling to reconcile their moral and ethical values with that of patient's right to discontinue "regulative" and "constitutive" treatments. A regulative treatment restores the body homeostatic equilibrium such as hemodialysis in unrecoverable kidney disease[5] or those that "coax the body back toward its own homeostatic equilibrium," such as implantable cardioverter-defibrillators.[6] Whereas, a constitutive treatment can either replace or substitute a permanently lost native physiological function that is essential to life.[7] It takes over a body function that has been permanently lost and that the body can no longer provide for itself[8] or permanently replace vital functions the body can no longer maintain spontaneously such as pacemakers[9]. Obviously, switching off these machines will result to death.

Very few physicians are willing to do the physical act of switching off the life-support machine of their patients. The reality is, even the question as to who should do it is not that easy for physicians to answer. Although, withdrawing life-support devices is acceptable to some family members, very few are willing to do it themselves. Suddenly the "power switch" or plug of the machine becomes a "hot potato" both for the physician and the family members. The issue should not be construed as an attempt to simplify the complex moral, ethical and legal issues in withdrawing life-support devices, euthanasia and physician-assisted suicide. At this instant, the only issue at bar is the person who should do it when the patient is declared legally brain dead or considered a medical futility case.

An advance-directive can sometimes identify the person who should switch off or unplug the machine. Unfortunately, very few patients will have this document. When it is the legally appointed surrogate decision maker who seeks this option and is willing to actually switch off the machine, the primary attending physician should give him ample opportunity to familiarize himself with the life-support machine. On the other hand, if the primary attending physician is a "conscientious objector" he should discuss the matter with the family and facilitate the transfer of service to another physician who finds such practice acceptable.

The attending physician should be very cautious in initiating futility of treatment discussions leading to withdrawal of life-support treatment if he is not willing to physically switch off the machine or if nobody is yet identified (to do it). Moreover, a medical resident should not initiate discussion about withdrawal of life-support treatment or be ordered to initiate such matter with the family. The primary attending physician should have a face to face discussion on this matter from the very start. Without such circumstance, the family might feel abandoned on such crucial and sensitive issue. Considering Filipino culture and the society at large, it is quite morally and emotionally distressing to family members to have the impression that withdrawing life-support is ethically and legally acceptable to the medical profession and later sense that no one is willing to do it. After securing an informed consent to withdraw life-support, the immediate family should not be unjustly burden by asking a family member to do the physical act of switching off the machine.

In the absence of any law to the contrary or advance-directives (naming a specific individual), the attending physician should be the one to switch off the life-support machine. A clear cut policy on the matter must exist in every hospital.

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