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**Effect of Ethics Consultations on Nonbeneficial Life-Sustaining Treatments in the Intensive Care Setting: A Randomized Controlled Trial.**

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**Context:** Ethics consultations increasingly are being called upon to resolve conflicts about life-sustaining interventions; however, reliable empirical evidence to support the benefit of these interventions is minimal.

**Description of Study:** Five hundred fifty-one patients in whom value-related treatment conflicts arose in the ICUs of 7 US hospitals were randomly assigned to an intervention (ethics consultation offered; n=278) or to usual care (n=273).

**Main Outcome Measures:** ICU days and life-sustaining treatments in those patients who did not survive to hospital discharge; satisfaction with the intervention in physicians, nurses and patients/surrogates; overall mortality rates in the intervention and usual care groups. Results: The intervention and usual-care groups showed no difference in mortality. Ethics consultations were associated with statistically significant reductions in hospital (p=.01) and ICU (p=.03) days and life-sustaining treatments (p=.03) in those patients who ultimately did not survive to discharge. The majority (87%) of physicians, nurses, and patients/surrogates agreed that ethics consultations in the ICU were helpful in addressing treatment conflicts and in reducing prolonged nonbeneficial or unwanted treatments. Further analysis of the small number of participants who expressed dissatisfaction with the ethics consultation disclosed one insurmountable cause, namely difficulty in accepting the limits of medicine and the inevitable mortality of a loved one; and one surmountable cause, namely the lack of follow-up contact after having established an intense emotional connection during the consultation. Additional analysis confirmed that ethics consultations were associated with reductions in hospital days and treatment costs among patients who did not survive to hospital discharge.