

Approved January 2017

Nonbeneficial (“Futile”) Emergency Medical Interventions

Revised January 2017

Reaffirmed October
2008, October 2002

Originally approved
March 1998

Emergency physicians may encounter situations, often near the end of life but also during any patient encounter, in which a patient or surrogate requests or expects tests and treatments that, in the physician's judgment, have no realistic likelihood of providing benefit to the patient.

Regarding such treatments ACEP believes:

- Physicians are under no ethical obligation to render interventions that they judge have no realistic likelihood of benefit to the patient.
- Emergency physicians' judgments to withhold or withdraw requested interventions should be unbiased and should be based on available scientific evidence and societal and professional standards.
- Emergency physicians should recommend the interventions they believe to be the most appropriate depending on the circumstances. In cases of uncertainty or disagreement regarding the benefit of an intervention, temporizing interventions and admission are acceptable to allow additional time and resources to aid in decision-making. These resources may include patient and family communication, ethics consultation, social services, or spiritual guidance.
- Additional information that becomes available may necessitate alteration of previous clinical decisions.
- When determining the utility of any emergency procedure, diagnostic test, or other intervention, emergency physicians should remain sensitive to differences of opinion among physicians, patients, and families regarding the value of such interventions.
- Emergency physicians caring for patients in cardiac arrest who have no realistic likelihood of survival should consider withholding or discontinuing resuscitative efforts, in both the prehospital and hospital settings.
- When a decision is made to forgo interventions considered nonbeneficial, special efforts should be made to assure ongoing communication and the provision of comfort, support, and counseling for the patient, family, and friends.
- Emergency physicians should advocate for implementation of institutional strategies to promote proactive patient and family communication,

development of interdisciplinary review committees and expert consultation availability, regarding appropriate limitations on requested medical tests and interventions.