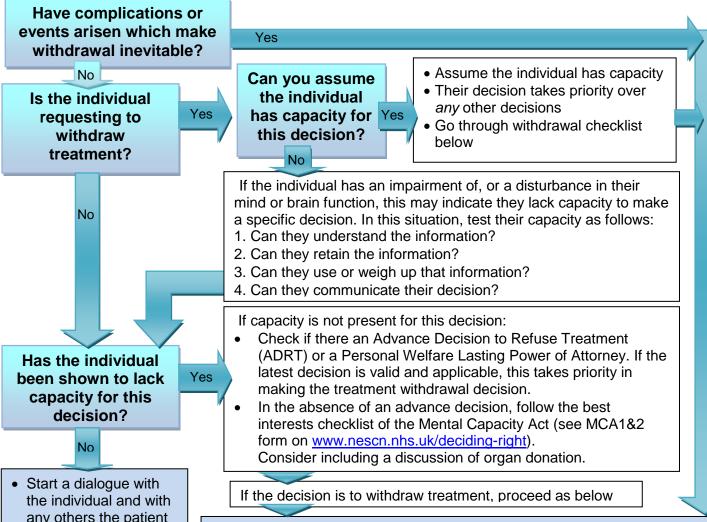
Withdrawing life-sustaining medical devices:

a decision framework based on the Mental Capacity Act (England and Wales) v8

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- Start a dialogue with the individual and with any others the patient wishes to be part of the discussion, considering all aspects of continuing and withdrawing treatment (including organ donation if the individual wishes this).
- Can some aspects of treatment be withdrawn, e.g. antibiotics?
- Be prepared to allow the individual to defer their decision if time allows.
- Do not assume certainty over the future
- Do not judge the individual's quality of life.
- If the individual's decision is to withdraw treatment, return to the start of this algorithm.

Communication

Has the individual been informed using the best practices of breaking difficult news and consulted for their views?

Has the individual changed their mind? If yes, return to beginning of the algorithm. If organ donation is possible discuss this with the individual with capacity. If the individual does not have capacity follow the decision made at the best interests meeting or set up a new meeting.

Planning in the short term

If technically possible, would the individual prefer the device discontinued in a different setting, eg. home or hospice?

Is there a clear protocol for stopping or discontinuing the device (including switching off alarms)?

Will sedation be required before stopping the device?

Will any other symptom control be needed, eg. analgesia?

Who will be present when the device is switched off?

Can the device or peripherals be left in place? If not, plan for who will do this and how they will be removed.

Planning for the death

Who is going to be present at the death?

Who will confirm and verify that death has occurred? This can be a nurse. For invasive ventilation, a cardiac monitor (with alarm switched off) or ECG machine will help confirm that death has occurred.

Is there a plan for supporting the partner, relatives or parents during and after switching off the device?

Additional planning

Could a specialist palliative care team provide advice and additional support to the team, individual, partner, relative or parents before and after withdrawal?

Is there a symptom control and care plan in place if the individual survives switching off the device? Patients have been known to survive for hours or days and this must be planned for. Is there a plan if the patient does not die at all?