

# Non-Beneficial treatment: An Ethical dilemma

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## BACKGROUND

Non-Beneficial Medical Treatment/Intervention (“NBT”) is defined at our institution as treatment with no realistic chance of providing a therapeutic benefit or returning the patient to a level of health that permits survival without an acute level of care in a hospital setting, is contraindicated, or has not been shown using evidence-based data to be an appropriate treatment. This policy was approved in our institution in October 2021.

End-of-life care (EOLC) is becoming increasingly more common but ethical standards are an area of concern by growing economic pressure. It is known that NBT increases patients’ suffering, affects patient’s dignity, reduces job satisfaction, and leads to burnout.

We did a retrospective chart review at our institution to study the utilization of NBT pathway.

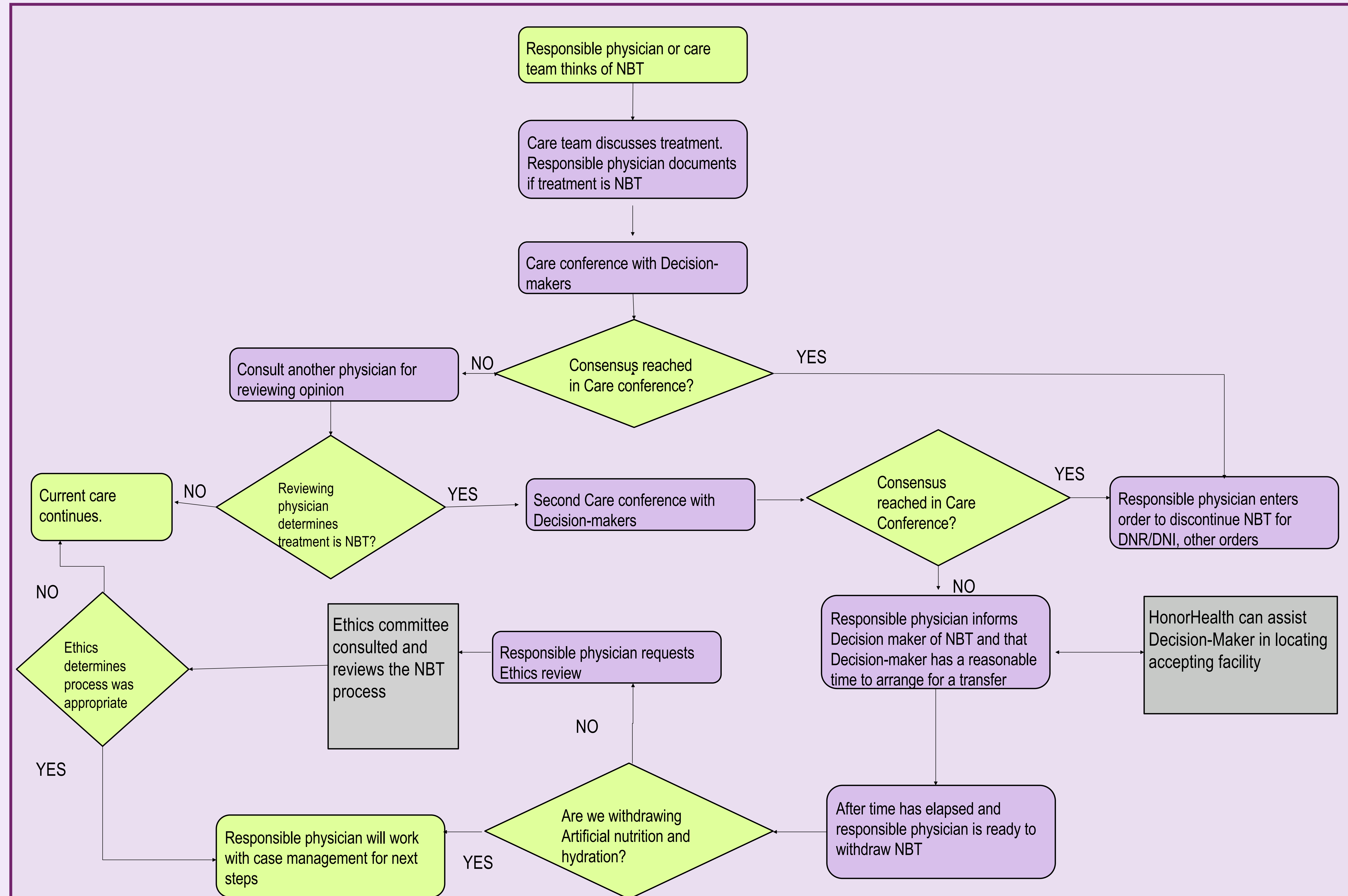
## METHODS

- Retrospective chart review study of all Ethics consults received during January 2022 to June 2023.
- Demographic data including age, sex, location for treatment (ICU/Inpatient unit), palliative team consult, ethics consult, MPOA identified, use of NBT and mortality were collected.
- Adult patients with ethics consults were included

## RESULTS

- 92,947 patients were admitted
- Palliative team was following 18/20 patients (90%)
- 30% patients were males (6 patients)
- Median age of the patients is 62.5 years with a range of 35-95 years.

## NON-BENEFICIAL TREATMENT PATHWAY



## CONCLUSION

While the NBT pathway provides a tool to help the physicians and patients, all measures should be taken to minimize its use and efforts should be made to reach a consensus for the best care of the patient. It should be a tool to aid in rare challenging situations.

## REFERENCES

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