

Withdrawal of Active Treatment in an Intensive Care Setting

- Make this decision as a team.
- Communicate with families with compassion, honesty and clarity.
- Ask families what they think the patient would have wanted, ensuring they do not feel that the burden of decision making lies purely with them.
- Explain that withdrawal of active treatment doesn't mean that care stops, but instead the focus will change from trying to cure to comfort and dignity.
- Reassure families that the patient will receive pain relief and sedation to ensure that they remain comfortable.
- If possible, switch off alarms, turn away bedside monitors and stop any unnecessary medical interventions.
- Provide for any special requests or faith rituals.
- Consider whether the patient is suitable for organ/ tissue donation.
- Support each other as a team.



Please visit www.sad.scot.nhs.uk to watch a short animated film on the withdrawal of active treatment in an intensive care setting and for other educational resources on bereavement for healthcare professionals

Phrases to consider:

"I am sorry to say that despite providing all the treatment options that we know can help in this situation, (the patient) is not responding and is continuing to deteriorate."

"The treatments that we are currently providing are not helping him/her recover and we feel they are no longer working. We have a duty to consider whether the downsides of the treatment are outweighing the upsides and in (the patient's) circumstance, we think that the burden is now greater than the benefit. To continue as we are would not be in (the patient's) best interests as sometimes these treatments can be unpleasant and not always kind when there is no expectation of a good outcome."



"We are going to remove the treatments that are potentially prolonging (the patient's) death. We will remove the breathing tube in his/her throat and (the patient) will breathe room air. We will also take away the drips supporting his/her heart, the tube in his/her nose and the antibiotics and monitoring. This will allow you to focus on (the patient)."

"Sometimes, if people are requiring a lot of support, they can die quite quickly once treatment is withdrawn. But we cannot predict exactly when a person will die. (The patient) may not die immediately, but we will continue to care for him/her and support you during this time."

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