

# Resuscitation and hospital ethics committees

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The article 'The ethics of resuscitation', published in 'Anaesthesiology Intensive Therapy' 3/2011, aroused much interest of the readers [1]. It deals with an important and often neglected issue of ethical dilemmas associated with decision making about the institution or otherwise of cardiopulmonary resuscitation.

The involvement of hospital ethics committees in 'decision making about the institution of resuscitation or range of treatment of ITU patients' postulated in the paper raises doubts. The interdisciplinary committee consisting of the medical team plus ethicists, lawyers and clergymen would not have convincing qualifications for making decisions about resuscitation or otherwise. It is difficult to imagine that people lacking medical education could substantially assess the chances for successful therapeutic outcome. It has been demonstrated that non-professionals, but also medical staff members, are unrealistically and optimistically convinced about high efficiency of resuscitation [2]. Thus, is there not a real risk that the committee would make decisions ungrounded by established medical knowledge?

Another doubt regards logistic issues of decision making by a multi-member committee. Should the final decision be unanimous, or should the majority decide? Could one of the members submit *votum separatum*? Some other obstacles to efficient functioning of such a bioethical committee are associated with actual possibilities of giving opinions on validity of institution of resuscitation its withholding, for instance, in a hospital with over 120 cardiac arrest cases every month. Given such an extent of events, this is difficult to imagine.

The idea of multidisciplinary bioethical committees to give opinions on research studies deserves full support. The activities of such committees are also justified in decision making about rare and difficult bioethical problems. However, their involvement in everyday decisions whether to resuscitate or not is infeasible and unnecessary.

Despite the obvious ethical and legal context, the decision about institution or withdrawal of therapy (including life-saving therapy) should be mainly based on medical grounds. If chances for successful resuscitation or intensive therapy are slender, the treatment should not be undertaken as it shows the criteria of futile therapy.

It is not beneficial for patients and only prolongs their suffering and agony. According to the recent guidelines of the Polish Paediatric Society, futile therapy can be considered a medical malpractice [3].

Decisions on institution or withholding of resuscitation should consider the patient's will, if possible. In any case the therapeutic team cannot transfer the responsibilities concerning decisions to withhold resuscitation or intensive therapy to others.

## REFERENCES

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