American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

POLICY STATEMENT

Approved February 2023

Nonbeneficial Emergency Medical Interventions

Revised February 2023 with current title, January 2017

Reaffirmed October 2008, October 2002

Originally approved March 1998 titled "Nonbeneficial ("Futile") Emergency Medical Interventions"

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 or treatments that, in the physician's judgment, have no realistic likelihood of providing benefit to the patient.

Regarding such treatments, the American College of Emergency Physicians (ACEP) believes:

- Emergency physicians are under no ethical obligation to render interventions that they judge to have no realistic likelihood of benefit to the patient.
- Emergency physicians' judgments not to start or to stop nonbeneficial interventions should be unbiased and should be based on available scientific evidence and societal and professional standards.
- Emergency physicians should recommend those interventions they believe to be the most appropriate under 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 written documents such as advance directives, patient and family communication, palliative care consultation, ethics consultation, social services, and spiritual guidance.
- Additional information that becomes available may require alteration of previous clinical decisions.
- When determining the utility of any emergency procedure, diagnostic test, medication, or other intervention, emergency physicians should remain sensitive to differences of opinion among physicians, patients, staff, and families regarding the value of such interventions.
- Emergency physicians caring for patients found in cardiac arrest who have no realistic likelihood of survival should consider not starting or continuing resuscitative efforts, both in the prehospital and hospital settings.
- When a decision is made to forgo interventions considered nonbeneficial, special efforts should be made to assure ongoing care and communication, including comfort, support, and counseling for the patient, family, and friends.
- Emergency physicians should advocate for institutional strategies to promote proactive patient and family communication, interdisciplinary review committees, and expert consultation regarding appropriate limits on requested medical tests and interventions.