

Withdrawal of assisted ventilation at the request of a patient

August – September 2016

Number of responses = 72

1) Where do you work? (one_of)

answer	votes	% of vote
UK	44	61%
Elsewhere	29	40%

2) Have you ever been involved in the withdrawal of assisted ventilation at the request of the patient with any of the following conditions? (many_of)

answer	votes	% of voters
Motor neurone disease/Amyotrophic lateral sclerosis	55	76
Chronic respiratory disease	26	36
Other neuro-muscular and lung pathologies	11	15
None of the above	11	15
Other (please specify) 1 = Fibrosis of the lung 1= Radiation pneumonitis	7	10
Duchene muscular dystrophy	5	7
Spinal injury	4	6

3) Approximately how frequently would you estimate a request to withdraw ventilation occurs on your unit?(one_of)

answer	votes	% of vote
< once every 2 years	18	25%
< once every 5years	15	21%
twice a year	15	21%
< once a year	12	17%
Never had a request	7	10%
up to 5 times a year	5	7%
> 5 times a year	1	1%

4) If you work *outside* of the UK, do you have any local, regional or national guidance on the withdrawal of ventilation(one_of)

answer	votes	% of vote
Yes (we would be grateful if you could forward a copy to hq@palliatedrugs.com)	5	7%
No	27	38%

5) Further comments. (freetext)

We have an agreed policy for the process and have also facilitated home withdrawal in collaboration with our ITU colleagues.

I rather suspect the frequency will rise as access to NIV increases.

APM guidance really helpful.

It still isn't being discussed when the ventilation is suggested.

Have received requests, and been involved in planning, but in each case the individual has deteriorated prior to agreement of plan.

We use the recently developed APM guidance.

For support in decision making when considering the withdrawal of life-sustaining devices, try the Deciding Right app which is available free on Google Play and the Apple app store.

Withdrawal of ventilation is on request of the patient who wants to stop the treatment and is actually dying. You do not want to prolong the dying.

Occurs fairly frequently in hospital without as much thought or concern as in hospice setting- not sure whether that's a problem with hospice or hospital!

In my team, we're actually trying to develop a local guidance, using the Aristotelian moral philosophy coupled with clinical data.

From previous experience, withdrawal of ventilation has been a very complex topic, both ethically and practically in terms of co-ordinating care, sedation etc.