Issues to consider when a patient refuses treatment

By Laetitia Hattingh

Mrs A was diagnosed with cancer approximately four weeks ago and has started with chemotherapy prescribed by her oncologist. Today she presents with her prescriptions. She informs you that she only wants the pain medication and not her chemotherapy tablets as she has decided to discontinue her chemotherapy. She says that she has thought about this and has made up her mind as the side-effects are affecting her quality of life. She has done some research about the evidence of the treatment and weighed up the risks versus the benefits. She would rather use the time that she has left to spend some quality time with her children and grandchildren.

Patients have a right to refuse medical treatment which includes a right to refuse to take prescribed medicines. A patient's refusal to receive treatment could cause a dilemma for health professionals. This is particularly complicated when the patient is very ill and the refusal to continue the intervention could cause the patient to become terminally ill. It is therefore important for health professionals to have an understanding of the law of consent and knowledge of the existing legal framework around refusal of treatment.

The right to refuse treatment

The right to refuse treatment is recognised in the common law that provides for a legally competent person to consent to treatment or to refuse treatment.[1] This area of the law is an extension of the law of consent which recognises the autonomy of the individual. The common law principles of consent apply in that the decision to refuse treatment must be made voluntarily and the patient must be competent (an adult of sound mind).

The right to refuse treatment is also recognised in the Code of Conduct for Registered Health Practitioners2 stating that a good partnership between a practitioner and the person he/she is caring for involves 'respecting the right of the patient or client to choose whether or not he or she participates in any treatment or accepts advice'. Principle 2 and the supporting text of the Code of Ethics for Pharmacists3 states that:

'A pharmacist pays due respect for the autonomy and rights of consumers and encourages consumers to actively participate in decision-making.'

'A pharmacist will, through informed consent, pay due respect to the dignity and privacy of the consumer including: respecting the consumer's individuality; **respecting their right to refuse advice or treatment**; and ensuring the privacy and confidentiality of the consumer and information provided'.

Pharmacists' responsibilities

A pharmacist would need to consider his/her professional responsibility when a patient refuses to use prescribed medicine. The significance of the refusal will depend on the patient's condition and the prescribed medicine. For example: a patient refusing to take an antibiotic might take longer to recover from an infection but would eventually still improve while the outcome could be quite different for a cancer patient refusing to use prescribed chemotherapy.

Pharmacists have a professional, ethical and legal responsibility to make sure that the refusal of treatment reflects the patient's informed wishes or request and need to ensure that patients are informed about, and understand, the consequences of their refusal to receive treatment. It is therefore important to provide information in a way that the patient can understand and to document what information was provided and the advice that was given.

It is also important to make sure that the patient has notified the treating medical practitioner(s) of the decision to cease the prescribed medicine(s). If the patient has not already notified the medical practitioner you could offer to facilitate this process. The situation will be complicated if the patient does not want to disclose their refusal to continue with the prescribed medicine to the treating medical practitioner. In this case the pharmacist will need to use his/her professional judgement and weigh up patient confidentiality requirements against what is in the patient's best

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interest. Although patients have the right to confidentiality of their information there are certain exceptions to keeping patient information confidential. One such exception is where a range of health professionals are caring for a patient as there is implied consent to the communication of information necessary for the patient's ongoing health care and wellbeing between those involved in the care. This exception could be used as a defence in the above situation although it would be wise to obtain a legal opinion before disclosing information.

Advance care planning and directives

It is worth mentioning that there are specific mechanisms in place in the various states and territories that cover advance care planning and directives for end-of-life care.[4,5] These mechanisms allow patients to specify treatment of a future condition when the patient becomes legally incompetent. Advance care planning is achieved through the appointment of a substitute decision maker or the completion of an advanced directive, also referred to as a 'living will'. These directives offer individuals a way of ensuring that their preferences about medical treatment and care will be acknowledged and respected in the future.

Key points

Pharmacists will be challenged when patients refuse to take their prescribed medicines and/or receive medical treatment. It is therefore important to have an understanding of the law of consent and knowledge of the existing legal framework around refusal of treatment.

References

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4. Medical Treatment Act 1988 (Vic), Natural Death Act 1988 (NT), Consent to Medical Treatment and Palliative Care Act 1995 (SA), Medical Treatment Act 1994 (ACT), Powers of Attorney Act 1998 (Qld), Guardianship and Administration Act 1990 (WA).
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The optimal loading dose of warfarin

By Dr Hanan Khalil

The purpose of this evidence summary is to provide the best available information on the optimal loading dose of warfarin for the initiation of anti-coagulation. For the full review, please refer to Mahtani KR, Heneghan CJ, Nunan D, et al. Optimal loading dose of warfarin for the initiation of oral anticoagulation. *Cochrane Database of Systematic Reviews* 2012, Issue 12. Art. No.: CD008685. DOI: 10.1002/14651858.CD008685.pub2[1]

Background

Anticoagulants use has increased significantly over the past decade due to the ageing population. The benefits of anti-coagulants range from preventing and treating thrombotic events such as deep vein thrombosis (DVT), pulmonary embolism (PE) and heart valve replacement to managing atrial fibrillation (AF).[2]

Warfarin is a vitamin K antagonist that inhibits the activity of clotting factors II, VII and X. The dose of warfarin is variable, therefore monitoring therapy by using the International Normalised Ratio (INR) is recommended to ensure its safety and effective use.[3]

Selecting the right dose of warfarin to achieve the correct INR requires balancing the need for effective anticoagulation with reduced time to therapeutic INR without concomitant increases in adverse events.[4]

The above mentioned review assesses the effectiveness in reaching a target INR from different loading dose regimens of warfarin in terms of time in-range, time to INR in-range and effect on serious adverse events.[1]

Characteristics of the studies

The studies selected for the systematic review were randomised controlled trials comparing various loading dose regimens in patients who are 18 years and older starting anti-coagulation with warfarin. Patients with conditions such as AF, DVT, PE, heart valve replacement and post-operative venous thromboembolism prophylaxis were included.

Quality of the research

All studies included in the report were either single or double blinded and were of moderate methodological quality.

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