Timers on Ventilators

Vardit Ravitsky

*University of Pennsylvania, ravitsky@mail.med.upenn.edu*

Follow this and additional works at: https://repository.upenn.edu/bioethics_papers

**Recommended Citation**


Publisher URL: http://dx.doi.org/10.1136/bmj.330.7488.415

NOTE: At the time of publication, author Vardit Ravitsky was affiliated with the National Institutes of Health. Currently March 2007, he is a faculty member in the Center for Bioethics at the University of Pennsylvania.

This paper is posted at ScholarlyCommons. https://repository.upenn.edu/bioethics_papers/12
For more information, please contact repository@pobox.upenn.edu.
Timers on Ventilators

Abstract
Is there a distinction between withholding and withdrawing medical treatment at the end of life? In the past two decades, courts and bioethicists in most Western countries have rejected this distinction. However, some doctors, patients, and families still find the distinction to have important ethical implications. A proposed Israeli law offers a unique approach that attempts to respect the cultural reluctance to withdraw treatment while finding a practical solution that respects the wishes of patients and families and allows patients to end their lives with dignity. The Israeli case offers important insights for other countries that want to combine their cultural identity and heritage with democratic and liberal values as well as for doctors in Western countries caring for patients and families that espouse different communal cultural traditions.

Comments
Publisher URL: http://dx.doi.org/10.1136/bmj.330.7488.415

NOTE: At the time of publication, author Vardit Ravitsky was affiliated with the National Institutes of Health. Currently March 2007, he is a faculty member in the Center for Bioethics at the University of Pennsylvania.
Timers on ventilators

Vardit Ravitsky

doi:10.1136/bmj.330.7488.415

Updated information and services can be found at:
http://bmj.com/cgi/content/full/330/7488/415

These include:

References
This article cites 4 articles, 1 of which can be accessed free at:
http://bmj.com/cgi/content/full/330/7488/415#BIBL

3 online articles that cite this article can be accessed at:
http://bmj.com/cgi/content/full/330/7488/415#otherarticles

Rapid responses
4 rapid responses have been posted to this article, which you can access for
free at:
http://bmj.com/cgi/content/full/330/7488/415#responses

You can respond to this article at:
http://bmj.com/cgi/eletter-submit/330/7488/415

Email alerting service
Receive free email alerts when new articles cite this article - sign up in the
box at the top left of the article

Topic collections
Articles on similar topics can be found in the following collections
End of Life Decisions (429 articles)

Notes

To order reprints follow the "Request Permissions" link in the navigation box

To subscribe to BMJ go to:
http://resources.bmj.com/bmj/subscribers
Timers on ventilators

Vardit Ravitsky

Jewish religious law considers human intervention to end the life of dying patients unethical. Timers on ventilators are proposed as a solution to prevent unnecessary suffering.

Is there a distinction between withholding and withdrawing medical treatment at the end of life? In the past two decades, courts and bioethicists in most Western countries have rejected this distinction. However, some doctors, patients, and families still find the distinction to have important ethical implications. A proposed Israeli law offers a unique approach that attempts to respect the cultural reluctance to withdraw treatment while finding a practical solution that respects the wishes of patients and families and allows patients to end their lives with dignity. The Israeli case offers important insights for other countries that want to combine their cultural identity and heritage with democratic and liberal values as well as for doctors in Western countries caring for patients and families that espouse different communal cultural traditions.

Objections to withdrawing treatment

The standard Western response to the reluctance of doctors and families to withdraw care is to dismiss it as an emotional reaction. The solution offered is to employ rational reasoning and not be misled by the apparent distinction. This approach is difficult for individuals or cultures who take the distinction seriously. Israel is a case in point. Although in many ways Israel is part of the Western medical world, it “Deviates considerably from Western norms in certain fundamental respects.” Israel defines itself as a “Jewish and democratic state” and attempts to integrate a liberal democracy with a Jewish communitarian approach.

Israel does not share the strong Western, especially Anglo-American, consensus regarding the over-riding ethical priority accorded to individual autonomy. Traditional values that Judaism shares with other religions are also at play. These place an enormous emphasis on the value of human life up until the moment of death and on the religious notion of life as belonging to the creator and not to people.

Hence, the Western liberal emphasis on autonomy does not always prevail. Rather, the “communitarian dialogue pushes … to alter the individual’s preferences to better harmonize with the collective voice.” In Israel, this collective voice is shaped by a religious heritage that is partly based on values stemming from Jewish religious law, called Halakhha. The rich and diverse Halakhic literature encompasses more than 18 centuries of intellectual discourse about most aspects of human life, including bioethics.

A Jewish perspective

Within Halakhic literature, withholding treatment at the end of life, generally perceived as a permitted non-interference in the natural process of dying, is traditionally distinguished from interventions involving direct contact with the body or immediate environment of the dying person—for example, the withdrawal of treatment that has already started. This distinction stems at least in part from the religious approach that humans should not have an active role in the dying process, which should remain in the hands of God. Jewish religious law does not approach the issue from a consequentialist perspective, where the moral value inheres only in the end result. Rather, the procedure leading to the outcome has independent moral value.

The Halakhic literature reasons using a metaphor of the dying person as a “flickering candle,” and the idea that one should not be “placing one’s finger on the candle.” In his book Alternatives in Jewish Bioethics, Noam Zohar notes that “this clearly excludes an understanding of the forbidden hastening of death in consequentialist terms: the deed’s wrongness is not determined by its result—namely, the fact that the patient is dead at a certain earlier moment—but rather...
Permitting termination of continuous care

The committee thus sought a solution that would resolve the tension between the demands of individual autonomy and those of Israeli communitarian values that echo the Halakhic approach. Instead of attempting to “educate” the medical community and the public to disregard the distinction between withholding and withdrawing treatment, committee members opted to devise a technical solution. Since the main practical issue is that of withdrawing mechanical ventilation, they came up with the idea of transforming the continuous into discrete by installing timers on ventilators, with the assumption that “not renewing treatment that has been interrupted can be defined as withholding treatment.”

A second committee was established with the goal of developing delayed response timers. These will allow a ventilator to be set for a limited time (such as a week), at the end of which it will be turned off without human intervention. This would allow time for appropriate discussion among patients, family members, and healthcare providers. The discussion may result in a decision to extend the operation of the ventilator for a time determined by medical need or by the wishes of the patient or the family, or in a decision to let it turn off at the set time, providing the patient is under appropriate sedation. Such timers are being developed, but before they are put into clinical use their safety will have to be tested in an ethically approved clinical trial.

Timers have been in use for decades as a technical solution to reconcile centuries of Halakhic law with the use of modern technologies. For example, according to orthodox Halakha, turning electric devices on and off is forbidden during the Jewish Sabbath. Orthodox Jews use timers to regulate operation of electric devices in advance, thus preventing the need for active intervention.

Bioethical analysis

What is the bioethical meaning of this proposed solution? If the reluctance to disconnect a patient from a ventilator is based on the belief that the act is ethically wrong, timers could be perceived as deceptive devices meant to disguise an unethical act as a legitimate one. In such a case, a mechanical device that transforms what is in essence withdrawal into what externally looks like withholding has controversial ethical implications. Do timers represent the “displacement of ethics by trickery?” Will they enable Israeli physicians...
By converting "commissions into omissions,"1 timers are meant to enable healthcare providers to overcome a procedural obstacle to achieve an ethically justified outcome. Moreover, they may allow them to overcome a possible emotional difficulty of terminating life supporting treatment. They also enable people with diverse attitudes and values to reach a suitable pragmatic consensus. Timers should therefore be perceived as an appropriate way of bridging the gap between the ethically justified outcomes of respect for individual autonomy, avoidance of prolonged suffering, and death with dignity, on the one hand, and communitarian cultural values on the other.

I thank Ezekiel Emanuel and Ben Wilfond for suggestions that helped shape this paper. I also thank Avraham Steinberg, Asa Kasher, David Heyd, Shimon Glück, Raphael Cohen-Almagor, Michael Gross, Barbara Prainsack, Shacee Morris, and my family for their comments.

Contributor and sources: VR was a member of the Israeli public committee on the dying patient during 2000-2. She did preparatory research for the committee's work and took part in the process of discussing and drafting the proposed law that this paper analyses. The views expressed here do not necessarily reflect those of the committee or those of the National Institutes of Health or the Department of Health and Human Services.

Competing interests: None declared.