

## QUESTION

# What are the ethical obligations related to a request for nonbeneficial treatment?

**Lisa M. Wall, PhD, RN, CNS, AOCNS®, HEC-C**, is a clinical nurse specialist and ethics consultant at Memorial Sloan Kettering Cancer Center in New York, NY. The author takes full responsibility for this content and did not receive honoraria or disclose any relevant financial relationships. Wall can be reached at lisamwall1@gmail.com, with copy to CJONEditor@ons.org.

It is common for a headline to proclaim promising results of a new cancer drug and for medical oncology offices to be flooded with calls from patients hoping that this new “miracle” drug offers them a chance of cure. Conflict and misunderstanding may arise between patients and their healthcare providers regarding the patient’s “wish to try” versus medical standards of care. Although the determination of treatment options is outside the scope of nursing practice, nurses often identify and mitigate misunderstandings regarding options through active listening and patient advocacy. Such is the case of Sarah, a 35-year-old teacher with metastatic colon cancer. She was treated with first- and second-line standard chemotherapy regimens, but her disease progressed and is now widely metastatic.

At a recent visit, Sarah and her husband, Carl, inquired about pembrolizumab, an immunotherapy they heard is effective against metastatic colon cancer. Sarah’s oncologist advised that pembrolizumab was not appropriate because her disease is not mismatch repair-deficient. Instead, he recommended best supportive care. Sarah and Carl sat quietly while the oncologist spoke. Afterward, the oncologist ordered a supportive care consultation and told his clinic nurse, Jackie, that Sarah and Carl agreed with the plan and asked Jackie to help coordinate the consultation. Jackie met with Sarah and Carl and found them visibly upset. As Sarah cried silently, Carl appeared angry. He stated, “The doctor isn’t listening to us. There’s a new effective drug for the cancer and the doctor says it isn’t for Sarah. But if she’s going to die anyway, what is the harm?” Jackie had encountered similar situations in the past. She listened to their concerns and asked about their understanding of why the oncologist had in-

dicated pembrolizumab would not work. Sarah responded, “It has to do with my tumor’s DNA, but the doctor doesn’t have any other cancer treatments for me, so why won’t he at least try it?” Jackie acknowledged the conundrum, clarified the risks and benefits, and advocated for another discussion with the oncologist.

This dilemma highlights two ethical issues: Sarah’s autonomy and right to self-determination, and whether her oncologist is ethically obligated to provide nonbeneficial treatment at her request. A patient may incorrectly interpret their right to choose as the right to dictate medical treatments. Instead, patients with capacity have the right to accept or refuse offered treatments. Because Sarah’s disease is not sensitive to immunotherapy, her oncologist determined that pembrolizumab is a nonbeneficial treatment.

Unfortunately, the risk-benefit ratio was not clearly conveyed to Sarah. Because requests for nonbeneficial treatment are often based on desperation or anticipatory grief, actively listening to the patient’s reason for the request is important. Addressing emotions and engaging supportive resources are helpful options to resolve conflicts. A second opinion may also be helpful when a patient is having difficulty accepting the medical opinion.

In this case, the oncologist misinterpreted Sarah and Carl’s silence as agreement. Jackie advocated for Sarah by promptly and accurately assessing the situation. She spent time listening to their concerns, clarified information, and escalated the situation back to the oncologist. Her actions embody the American Nurses Association (2015) *Code of Ethics for Nurses* by preserving, protecting, and supporting Sarah’s right to accurate, complete, and understandable information to make decisions in line with her preferences and values.

## REFERENCE

American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*.

## KEYWORDS

autonomy; nonbeneficial treatment; ethics; advocacy

## DIGITAL OBJECT IDENTIFIER

10.1188/23.CJON.448

## RESOURCES

- **Core IM**

Provides guidance on discussing non-beneficial treatment and ethical issues  
<https://bit.ly/442h5hi>

- **The Permanente Journal**

Discusses the implementation of policy to mitigate conflicts regarding nonbeneficial treatment  
<https://bit.ly/3XbhA6q>

- **Seminars in Neurology**

Guides clinicians in resolving conflict around nonbeneficial treatment  
<https://bit.ly/3Xb1uK3>