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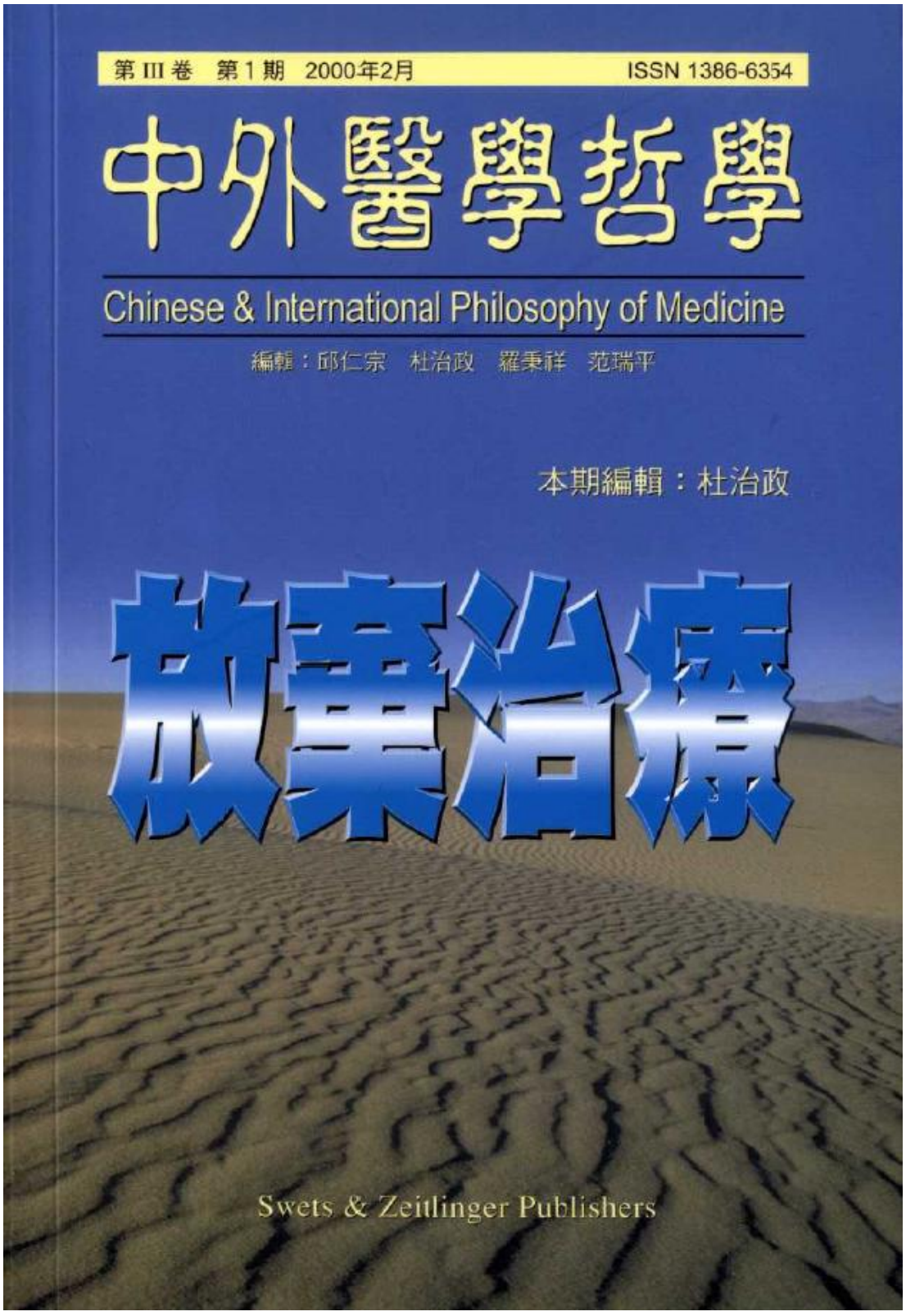

Order

Vol.3 No. 1 (02/2000)

放棄治療
Withdrawing Treatment

本期編輯：杜治政
Issue Editor: Du Zhizheng

關於無效定義的探討

Baruch A. Brody, Amir Halevy

摘要

本文將文獻中所提出的無效分為四種主要類型：生理無效、臨死無效、致命性疾病無效和質量無效；提出了任何無效定義必須滿足的五個條件：精確性條件、預期性條件、社會認可條件、顯著性條件和不同意條件。文章認為，迄今文獻中所提出的無效定義無一滿足這五個條件，其主要原因是，定義的提出者未對支援其定義使用的資料的問題性給予足夠的重視。

目錄

有關有效治療和無效治療的概念和倫理爭端

Loretta M. Kopelman

摘要

一系列病例使有關醫學治療何時有效、何時無效的爭端明確化、具體化，因而也使有關醫患關係、資源分配、醫患間的溝通交流、同情心、病痛的緩解、自主權、治療不足和治療過度、家長式的獨斷作風及姑息治療的爭端明確化、具體化。瞭解有效和無效是相輔相成的概念，對我們的醫療實踐有益。對治療在爭議性病例是有效還是無效的判斷，有著共同的特點：（1）以醫學科學為依據；（2）反映多種價值；（3）處於或接近有效閾；（4）令人負擔沈重。我們應關注構成這些判斷基礎的經驗要素、倫理要素及評估要素的正當理由，而不是做出有關是醫生、病人，還是社會一致認同應成為最終決定因素的專橫決定。

目錄

公正、勇敢、誠實地解決無效爭端

Rosemare Tong

摘要

本文討論了"無效爭端"的歷史及促進醫療衛生專業人員、醫療衛生提供者（指醫院及其它醫療衛生機構）、患者和代理人偏袒某種無效定義的動機。引起無效爭端的因素有：醫療衛生體制改革、財政責任轉移、技術醫學進展及醫療衛生資源的定量配給。對作為目前爭端的一個組成部分的無效的定義進行了探討；同時還對"醫療衛生專業人員、醫療衛生提供者、患者和代理人在接受醫學的目的、能力和局限性方面的各自態度"進行了探究。特別是，醫療衛生專業人員／醫療衛生提供者與患者／代理人之間缺乏坦誠地交流被認為是制定以醫療衛生為核心的無效政策的主要障礙。最後，對醫院制定無效準則的各種初步嘗試進行了評價，旨在發現問題所在及提出改進措施。

目錄

醫生不給無益治療的權力

Glenn G. Griener

摘要

醫生渴望從患者那裏挽回某種程度的決策權，這種渴望推動著有關無益治療這一問題的爭論。醫生注意到，有些醫學干涉對某些患者是無益的，因而斷言醫生沒有義務提供無益的治療。"無益"這一概念是很複雜的，許多評論者認為，區分"生理無益"與"定性無益"是有用的。醫生可以決定生理上無益的治療，這一主張很少引起爭端。然而，如果聲稱他們可以不給定性無益的治療，這就會同人們反對醫學家長主義的標準理由相抵觸。人們有理由相信"生理無益"與"定性無益"這種概念區分將不會在臨床實踐中維持下來。本文指出，支援醫生單方面不給生理無益治療的科學資料，也對限制治療的醫院政策提供支援。醫生所利用的從患者手中得到的決定權的資料，也可被行政管理者所利用，使他們從醫生手中得到同樣的權力。雖然醫生這種權力的喪失是無庸置疑的，然而我們有理由相信，"無益"這一概念的模棱兩可性將給醫生帶來權力上的更大損失。

目錄

從無效到病人分類

Robert A. Gatter, John C. Moskop

摘要

無效概念決定著(1)對持久植物狀態(PVS)病人提供生命支援治療是否是適當的；(2)對絕症晚期病人提供監護（ICU）是否是適當的(這兩類病例以下稱?"範例病例")。對人的生命價值含義的基本分歧妨礙了無效概念的應用。病人分類規劃(確立醫療保健優先權標準的程式)是闡述這些範例病例的一個引人注目的選擇性框架。病人分類規劃允許社會從以下各個角度去考慮這些範例病例：各種不同的道德觀念、有限的資源、競爭醫療保健需求。另外，範例病例至少提出了這樣一個實質性問題：對其治療是否為浪費?病人分類規劃能否成為鑒定和評估這類浪費的治療的有效模式。本文論述了如何實施病人分類規劃以闡述範例病例問題，並最終得出結論—該規劃提供了一個超出無效範圍來推進範例病例爭端的方法。

目錄

倫理學的辯護和支持：放棄治療

杜治政

摘要

儘管醫學在飛速進步，但由於種種原因，放棄治療在臨床中有日益增多的趨勢。放棄治療是人們的一種理性選擇。合理的放棄治療是醫學人道主義在某種特殊情況下的理性表現。區分放棄治療的不同情況，正確界定放棄治療的範圍，合理選擇放棄治療的措施，確保不發生不應該放棄治療的病人被放棄，在全過程中始終尊重病人的自主權，妥善處理對於是否放棄中的分歧，並維護病人的整體利益，是履行放棄治療中倫理學應予充分注意的問題。

目錄

關於放棄臨床無效治療的倫理學思考

郭永松

摘要

對於沒有臨床救治希望的病人，要不要繼續治療？誰有最終的決定權？這既是臨床醫療問題，又是一個涉及社會倫理法規的問題。對於這樣的病人，不放棄治療可能意味著要消耗更多的醫療資源但又無法挽救病人，但是如果放棄治療，可能會遇到更多的來自社會傳統的、倫理法規的問題。筆者認為，在社會多元化發展的今天，面對臨床無效治療，應在尊重病人或病人家屬有最終決定權的前提下，以一定道德、法規為依據，按照一定的醫療程式和法律手續進行處理，可能是更為符合人道和社會公眾利益的理性選擇。

目錄

臨終關懷—放棄治療的觀念

孟憲武

摘要

當治療有一定效果，卻終止了治療，這種行為對疾病、對病人能夠產生實質性作用，這時才會顯示"放棄治療"的存在意義。如果治療本身存在與否對疾病、對病人並無影響，那麼這種"放棄治療"就是毫無意義的。在臨終關懷中放棄治療的問題是個複雜的問題。當病人處於不可逆轉的臨終狀態時，一般概念下的"治療"對其已毫無意義。所以作者認為，在臨終關懷中不是什麼"放棄治療"的問題，而是應該放棄"治療"這個概念，用"關懷"（care）取代"治療"、"治癒"(cure)的問題。在臨終關懷這門學科中，充分意識到對臨終病人進行治療的無意義性，可以使我們不必徒勞無益地為臨終病人進行所謂"治療"，不必為強調治療而侵犯臨終病人的尊嚴與人格；可以使我們從生命質量論和公益論的角度認識摒棄"治療"的意義，從而有利於臨終關懷學、醫學倫理學和生命倫理學的發展。

目錄

Withdrawing Treatment: Ethics Defense and Support

Du Zhizheng

Abstract

Many believe that giving up treatment always conflicts with physicians' duty and responsibility. However, although societies have achieved the rapid advancing of medical sciences and technologies, and although patients and families sometimes want to maintain life-sustaining interventions at any cost, renunciation of futile treatment remains an unavoidable issue facing physicians in their clinical practice. This is especially the case for Chinese society today. This paper argues that withdrawing life-sustaining therapy is not always opposite to moral requirement.

Specifically, the paper explores the following important issues around the decision making of renouncing treatment. First, in what medical situation does the patient and the family's request for withdrawing treatment should be granted by the physician? **This** paper contents that a necessary condition must be that the patient suffers an incurable disease. Second, who has the right to make the decision of renouncing treatment? This paper argues that, in considerations of Chinese ethical and societal character, some practical measures should be establishes in Chinese society medical and moral consideration should all be balanced and integrated. Finally, in order to avoid unnecessary ambiguities and disputes, this paper suggests that legal and administrative procedures and guidelines should be adopted regarding the decision of renouncing treatment.

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Renouncing Futile Treatment: Ethical Considerations

Guo Yongsong

Abstract

There has not been a clear medical definition of futility. The concept of futile treatment involves not only medical, but also social, ethical, and legal components. This paper argues that in today's pluralistic moral circumstances, the patient and/or the family should have the final right to decision regarding futile treatment.

Some are opposed to renouncing futile treatment, whatever futility is defined. For them, first, abandoning treatment is in conflict with the physician's basic duty of offering treatment. Second, giving up treatment also gives up the chance of making medical progress by attempting to treat the patient. Third, the patient would thereby lose the opportunity of prolonging the life. And finally, it would change the good image of the physician (as taking care of the patient). On the other hand, those who support renouncing futile treatment offer different reasons. First, giving up futile treatment will turn out to be respecting the value of the patient's life. Second, It would help people recognize the natural limit of contemporary medical development. Third, it would facilitate a reasonable pattern of distributing scarce medical resources. And finally, it could reduce the suffering of the patient. As a result, we face a social situation of moral pluralism: people disagree with each other regarding renouncing futile treatment.

A difficult practical issue is who has the right to decide renouncing futile treatment. This paper argues that, giving individuals hold conflicting views of life, **value** and morality, the patient should have the final decision power regarding his/her own treatment. If the patient is incompetent, then the family should have the deciding right. In this respect we should overcome the longstanding medical paternalism. In addition, society should establish a **procedure** to regulate and facilitate the decision-making of renouncing futile treatment.

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Withdrawing Treatment and the Care of Terminally ill Patients

Men Xianwu

Abstract

Medical treatment is rarely useless in an absolute sense. It is often beneficial and harmful to an extent. This is why withdrawing treatment is a difficult issue. If treatment is entirely futile, then there would not be a painful debate regarding weather treatment should be stopped. This paper explores the complicated issues of withdrawing treatment in the care of terminally ill patients.

This paper argues for a shift of concept regarding terminally ill patients. For terminally ill patients, 'cure' or 'medical treatment' in its general medical sense is actually no longer possible in medical practice. Therefore, the real issue involved here is not whether we should give up treatment. It is rather whether we should give up the concept of cure. This paper contends that, for terminally ill patients, since the concept of cure traditionally used is not meaningful to the patients, it should be replaced by the concept of care. In caring the terminally ill patients, the quality of life and the interest of public should be taken into account. We should not violate the patient's dignity or hurt the patient's character by offering **aggressive**.

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