Rituals, Death, and the Moral Practice of Medical Futility

Shan D. Mohammed, RN, MN, Lecturer and PhD Student, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto

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NOTE NEW ADDRESS: Joint Centre for Bioethics, 155 College St., 7th Floor
Turn right off elevator and enter through Suite 754

Abstract: Medical futility is often defined as providing inappropriate treatments that will not improve disease prognosis, alleviate physiological symptoms, or prolong survival. This understanding of medical futility is problematic because it rests on the final outcome of procedures, which are narrow and medically defined. In this presentation, Margaret Urban Walker’s “expressive-collaborative” model of morality is used to examine how certain critical care interventions that are considered futile actually have broader social functions surrounding death. By examining cardiopulmonary resuscitation and intensive care measures as moral practices, I show how so-called futile interventions offer ritualistic benefit to patients, families, and healthcare providers, helping to facilitate the process of dying. This presentation offers a new perspective on the ethical debate concerning medical futility and suggests a means to explore how the social value of treatments may be as important in determining futility as medical scientific criteria.