

# Treatment limiting decision

Treatment-limiting **decisions** (TLDs) are employed to actively withhold **treatment** from patients whom clinicians feel would derive no benefit or suffer detrimental effects from further **intervention**. The use of such decisions has been heavily discussed in the media and clinicians in the past have been reluctant to institute them, even though it is in the best interests of the patients. Their use is influenced by several ethical, religious and social factors all of which have changed significantly over time.

A study reports the trends in use of TLDs in a regional neurosurgical unit over 23 years.

Patient archives were reviewed to identify the number of admissions and procedures performed at the Institute of Neurological Sciences, **Glasgow**, in the years 1988, 1997 and 2011. Death certificate records were used to identify mortality in the unit in the year 2011. Patient records were used to obtain details of diagnosis, time from admission to death, and the presence and timing of a TLD.

The results show an increase in the use of TLDs, with decisions made for 89% of those who died in 2011, compared to 68% in 1997 and 51% in 1988. The number of admissions has increased substantially since 1988 as has the percentage of patients undergoing surgery (46, 67 and 72% in 1988, 1997 and 2011, respectively).

There is a trending increase in the number of patients who have a TLD in this regional neurosurgical unit. This demonstrates an increased willingness of clinicians to recognise poor prognosis and to withdraw or withhold treatment in these cases. Continued appropriate use of the TLD is recommended but it is to only ever reflect the best interests of the patient <sup>1)</sup>.

<sup>1)</sup>  
Wilson WT, McMillan T, Young AM, White MA. Increased trends in the use of treatment-limiting decisions in a regional neurosurgical unit. Br J Neurosurg. 2016 Sep 1:1-4. [Epub ahead of print] PubMed PMID: 27580674.

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