











- (b) Joint decision-making should occur between patient or proxy and physician to the maximum extent possible.
- (c) Attempts should be made to negotiate disagreements if they arise, and to reach resolution within all parties' acceptable limits, with the assistance of consultants as appropriate.
- (d) Involvement of an institutional committee such as the ethics committee should be requested if disagreements are irresolvable.
- (e) If the institutional review supports the patient's position and the physician remains unpersuaded, transfer of care to another physician within the institution may be arranged.
- (f) If the process supports the physician's position and the patient/proxy remains unpersuaded, transfer to another institution may be sought and, if done, should be supported by the transferring and receiving institution.
- (g) If transfer is not possible, the intervention need not be offered.

This procedural approach (or "due process" as it is referred to above) is preferable because in cases of patient-physician disagreement, it can incorporate institutional and community standards for patient benefit. It also allows a hearing for patient or proxy assessments of worthwhile outcomes, and for physicians' or other professionals' intention in treating the patient. Finally, it has the advantage of providing a system for addressing the ethical dilemmas around end-of-life care without immediate recourse to the court system.

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