TIM HOFF: Welcome to another episode of the Author Interview series from the American Medical Association Journal of Ethics. Joining me on this episode is Dr Anna Westermair, a clinical ethicist in the Clinical Ethics Unit at the University Hospital Basel, the University Psychiatric Clinics Basel, the University Geriatric Medicine Felix Platter and the University Children’s Hospital Basel in Switzerland. She’s here to discuss her article, coauthored with Dr Manuel Trachsel, "Moral Intuitions About Futility as Prompts for Evaluating Goals in Mental Health Care,” in the September 2023 issue of the Journal, Palliative Psychiatry. Dr Westermair, thank you so much for being on the podcast. [music fades]

DR ANNA WESTERMAIR: Yeah, good to be here.

HOFF: So, what’s the main ethics point that you and your coauthor are making in this article?

WESTERMAIR: So, basically, we started with the idea that futility has a really bad reputation in clinical ethics, but we feel that there is some value in reflecting upon futility, reflecting upon moral intuitions that health care professionals do have about futility. And we wanted to kind of flesh out a process and how to go about that, what to think of. And of course, in most instances you’ll end up with the conclusion that this is not an instance of futility because it’s extremely rare. But in the end, I think that both the health care professionals and the patients are better off after a careful reflection on how to best care for the patient when there is some concern about futility.

HOFF: And so, what do you think is the most important thing for health professions students and trainees to take from your article?

WESTERMAIR: Well, I guess what I would love for trainees and students to do if they have a feeling, “oh, this is doing more harm than good,” or “is this actually working for the patient, or are we just making everything worse?” if they have such thoughts or feelings or concerns that they talk to their supervisors about that, that they make that explicit. Because first of all, it’s a valuable input. And I guess the worst thing that can happen is that you learn something about, I don’t know, how long it takes for a given medication to take effect or how many sessions of psychotherapy are needed to actually make a difference for a patient. So, even if your intuition is wrong in the sense that it does not pertain to an actual instance of futility, I think it’s still important to discuss that, and I think it’s also a great learning opportunity. So, take that seriously and talk to somebody about it.

HOFF: And finally, if you could add a point to this article that you didn’t have the time or the space to fully explore, what would that be?
WESTERMAIR: Well, what we did not explore is what would happen if we completely banned the concept of futility for mental health care. And there’s an interesting study from Denmark that I think about a lot. And they—it’s just a registry study—they studied how many hospitalizations with coercive elements people with eating disorders had. And they actually found that there are some cases with more than 100 and even more than 500 hospitalizations with coercive elements, and that’s just in a 13-year study period. So, there’s people out there being subjected to a huge amount of coercion, and I really do believe that reflecting on whether such treatment might become futile at a point, that this can help us refrain from doing too much with the best intentions but horrible effect. [theme music returns]

HOFF: Dr Westermair, thank you so much for your time on the podcast today, and thanks to you and your coauthor for your contribution to the Journal this month.

WESTERMAIR: Sure. Thanks for having me.

HOFF: To read the full article, as well as the rest of this month’s issue for free, visit our site, journalofethics.org. We’ll be back soon with more Ethics Talk from the American Medical Association Journal of Ethics.