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Opinion of young Poles on futile therapy based on a survey among university students

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Abstract

Futile therapy concerns the clinical aspects of the end-of-life period, as well as the purposefulness of therapy in the context of the quality of life of a patient with an incurable disease in its final stage. The study was an anonymous survey conducted in electronic versions among young Poles university students. The views of these young people will influence health policy in the coming decades. An analysis of the collected data was carried out using the methods of descriptive and analytical statistics. The respondents were divided into two groups according to favulty and gender. A total of 161 students participated in the study, the decision to discontinue therapy in adult patients should first be made by the patients themselves (83.2%), the therapeutic team (72.6%), the patient's family (47.2%), and only 14.9% of the respondents indicated the court decision. In the case of children, as many as 80.1% of the respondents indicated that the patient's family and doctors should make a joint decision. Students of medical universities and other faculties who took part in the study demonstrated good knowledge of issues related to the concept of futile therapy, which is a good prognosis for the future in terms of the level of public awareness. It is also positive that they are aware of the existence of various solutions regarding the possibility of expressing the patient's autonomous decision at every stage of the therapeutic procedure.

INTRODUCTION

Futile therapy concerns the clinical aspects of the end-of-life period, as well as the purposefulness of therapy in the context of the quality of life of a patient with an incurable disease in its final stage. Although this term does not refer only to therapeutic procedures for older people, it is mainly associated with it, especially in Poland. The authors of the study have conducted studies on the use of futile therapy among nurses[1] and doctors[2]. In this article, we discuss the third part of the project – a survey conducted among students of selected public universities. According to available information, this is the first study in Poland regarding Generation Z, i.e. those born after 1995. The views of these young people will influence health policy in the coming decades.

MATERIAL AND METHODS

In the period from March to June 2023, a cross-sectional study was conducted using an original survey questionnaire. The Polish-language questionnaire consisted of 2 parts with a total of 15 questions. The first part, consisting of 10 questions, concerned the main topic, i.e. learning about the respondents' opinions on various aspects of futile therapy (including knowledge of the issue, who should decide on the end of therapy, and the respondents' opinions on end-of-life procedures concerning themselves). Close ended questions (single and multiple choice) were used.Approximately 1,000 students of public universities, mainly from the Silesian agglomeration, with leading fields of study including medicine, humanities, natural sciences, and arts, were invited to participate in the study. They constituted approximately 10% of the population of people studying in this area at selected universities. The survey was conducted electronically using a dedicated CAWI (ang. Computer Assisted Web Interview) surveing

technique prepared by the Department of Informatics at the Medical University of Silesia. Participation was fully voluntary and anonymous; study participants did not incur additional costs or receive any gratifications. The study design was approved by the Ethics Committee of the Medical University of Silesia (KNW/0022/KB/284/18). All methods were carried out in accordance with relevant guidelines and regulations.

Statistical analysis

The statistical analysis consisted of two main parts: descriptive and inferential. Frist, medians and interquartile ranges (IQRs) were used to summarize the quantitative variables (they were not normally distributed), qualitative variables were presented as numbers and percentages). Inferential statistics were used to test the hypotheses and compare the differences between groups. Since the variables were not normally distributed, nonparametric tests were used, such as chi-square, Mann-Whitney U, and Kruskal-Wallis test. The level of significance was set at 0.05. The calculations were performed using R 4.1.0 software.

RESULTS

Characteristics of the study population

Of the 1,000 invited, 161 students took part in the study (participation rate was 16.1%). The median age was 23 (interquartile range from 21 to 25 years), and the majority were women – 101 respondents, which is 62.7%. Most of the surveys, i.e. 119 (less than 74%) were obtained from universities in the Silesian Voivodeship, followed by the Lesser Poland Voivodeship and the Podkarpackie Voivodeship, and single surveys from other voivodeships. Detailed data is presented in Table 1.

Division of the study group according to faculty and gender

The vast majority of surveys were completed by students of medicine (53), humanities (35), theology (26), technical and engineering (12), and single surveys were completed by students of other faculties. Table 1. For the analysis, the study group was divided into students of medical and health sciences (53) and others (108). Additionally, the analysis was made according to the gender of respondents.

Knowledge of the concept of futile therapy

As many as 92.4% of students of medical and health sciences were familiar with the concept of futile therapy. Compared to the answers given by students of other faculties (64.8% answered affirmatively to the question of whether they were familiar with the concept of futile therapy), statistically, this was a significantly greater advantage. On the verge of statistical significance, respondents differed in their answers to the question of whether the use of futile therapy was a mistake (43.4% vs. 34.2%); 91.3% of all respondents indicated the correct definition of futile therapy. (Table 2).

Decision-making

According to the respondents, the decision to discontinue therapy in adult patients should first be made by the patients themselves (83.2%), the therapeutic team (72.6%), the patient's family (47.2%), and only 14.9% of the respondents indicated the court decision. In the case of children, as many as 80.1% of the respondents indicated that the patient's family and doctors should make a joint decision. The answers to these questions did not depend on the respondent's faculty. As many as 115 respondents (71.4%) supported the idea of the Testament of Will (pro futuro consent) and expressing opinions on clinical decisions made in the event of unconsciousness; at the same time, over 85% of respondents would like to make their own decisions. The faculty did not influence the presented opinion. (Table 2).

Conflict situations

The most common reasons for the patient's family not accepting the need to stop therapy were: not accepting the fact of death (86.9%), belief in a miracle (55.6%), and lack of trust in doctors (43.4%). When asked what, according to the respondents, doctors should do in a conflict situation, the majority of respondents indicated discontinuing the therapy and placing the patient under hospice care (47%), continuing the therapy despite being aware of its futility (27%), and asking the court for an opinion (26%). (Table 2).

Differences in opinions depending on gender

Taking into account gender, women are much more likely to be supporters of making their own decisions and the idea of a Declaration of Will, but at the same time they are more likely to believe that the patient's family should influence the decision to discontinue therapy, and in the case of a child, doctors should make the decision together with the parents. (Table 3).

DISCUSSION

As far as we know, this is the first study in Poland assessing young people's opinions on end-of-life therapy. There is little talk about futile therapy in Polish society. This issue still arouses great emotions and is often misunderstood as euthanasia.[3] The definitions of the problem discussed are always expressed based on patient-centered care, but the benefit for the patient may be perceived differently. Futility defined as "the use of considerable resources without a reasonable hope that the patient would recover to a state of relative independence or be interactive with their environment"[4], emphasizes the quality of life, which involves an individual assessment — depending on the worldview and value system of each person. Expectations and requirements for a satisfying life may also vary. It is difficult to assess whether a given quality of life, at a specific stage of an incurable disease, is satisfactory for a specific person. What does it mean to live in contact with the environment? Is it full mental and physical strength or, above all, maintaining intellectual fitness? The Polish discussion on the limitations of therapy was initiated with the participation of experts in the field of ethics, medicine, and law at a conference entitled "The limits of medical therapies" in 2008. The tangible result of this scientific meeting was the establishment of the Polish Working Group on End-of-Life Ethical Problems and the development of a

definition of persistent therapy as the use of medical procedures to maintain the vital functions of terminally ill patients, which prolongs their dying, involving excessive suffering or violating the patient's dignity".[5] Therefore, in the Polish definition, the use of futile therapy refers to the end-of-life period. While this definition fits the care and decision-making needs of older people, it may be insufficient for pediatric and young patients. In the Polish guidelines for limiting therapy in children, we consider the advisability of therapy in patients with a minimally preserved state of consciousness or severe developmental defects if we can protect them from excessive suffering that does not promise improvement in their clinical condition.[8]

Attempts are being made to increase public awareness of incurable diseases and the limitations of modern medicine, as well as to know the opinion of Poles on the issue of futile therapy.[6] Discussions about medical futility and the ethical and legal assessment of clinical procedures involve mainly intensivists[7,8] but also increasingly other specialists.[9,10] It also seems appropriate to know the opinion of the public, i.e. potentially future patients and their family members. In relation to our previous study conducted among doctors[2] and nurses[1], the fact that over 60% of young people – students of non-medical faculties, and over 90% of first-year medical students know the concept of futile therapy, is surprisingly positive. In the case of students of medical universities, such extensive knowledge of the issue can be attributed to classes in professional ethics, conducted as a compulsory separate subject in the first years of studies. Almost every second respondent considered futile therapy to be medical malpractice. The result is similar to the answers given by nurses and doctors. The vast majority of our study group supports the idea of *pro futuro* consent and would like to make their own decisions about their clinical and therapeutic situation, also at the end of life. Young people not only do not support persistent treatment but also do not accept a quality of life that does not meet their expectations. For this reason, it seems that almost half of our respondents support the idea of withdrawing therapy even against the will of the family. Opponents of *pro futuro* solutions point to the role of time and life experience in assessing the quality of life.

Modern 20-year-olds cannot imagine life without the opportunity to spend their time actively, but it is difficult to say whether they will have the same opinion regarding the quality of life when they are, for example, 60 years old. Therefore, a *pro futuro* statement should be an option that can be changed at any time.

When is it appropriate to limit or withdraw potentially non-beneficial treatment? How should decisions be made? Who should make them?[4] These are questions that medical staff ask, realizing the limitations of medicine and the existence of incurable diseases, despite enormous medical advances. Society does not want to accept the fact of death and its inevitability. At times, patients and their relatives are convinced that not everything was done properly ("If X had been done, the patient would not have died!")They accuse medics of malpractice with many of the claims being a result of failure to meet expectations and disruption of faith in the power of medicine.[11] It seems that our respondents quite clearly assess futile therapy as undesirable; however, this is a theoretical opinion and may change if a real problem concerns

their family or someone close to them. In particular, the end of intensive procedures for palliative therapy in children arouses great emotions and family discord. In our study, mainly women showed great sensitivity towards the death of a child. The death of a child is always shocking and devastating.[12] In many cases, parents are unable to come to terms with the death of their child and some of them unknowingly make the dying child suffer by exerting various pressure on the medical team, being convinced that they are doing it for the child's sake.[13,14]

The limitation of our study is, first of all, the fact that the opinions were probably expressed without emotional involvement – young people most likely have no experience with death and, in relation to them, death seems to be a distant phenomenon.

Secondly, the size of the study group is small, which also proves that young people are reluctant to get involved in a topic that does not seem to concern them at the moment.

SUMMARY

Students of medical universities and other faculties who took part in the study demonstrated good knowledge of issues related to the concept of futile therapy, which is a good prognosis for the future in terms of the level of public awareness. It is also positive that they are aware of the existence of various solutions regarding the possibility of expressing the patient's autonomous decision at every stage of the therapeutic procedure.

Declarations

Author contributions

M.D.,M.G., designed the study and drafted the manuscript. M.D.,Ł.W. and J.Ł. collected data. M.G., Ł.W. conducted the data analysis. M.D. prepared the final version of the manuscript.A.P-L.,M.G. critically reviewed and edited the manuscript. All authors have read and agreed to the published version of the manuscript. The study design was approved by the Ethics Committee of the Medical University of Silesia (KNW/0022/KB/284/18).

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Data availability

The data generated and analyzed in the current study are available from the corresponding author on reasonable request.

Informed consent

Participation was fully voluntary and anonymous; study participants did not incur additional costs or receive any gratifications. There was not a experiments involving human participant.

Competing interests

The authors declare no competing interests.

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Tables

Table 1. Characteristics of the study group

Students	n(%)	p
Female	101 (62,7%)	0.01
Male	60 (37,3%)	
Medical Sciences and Health Sciences		
Humanities	53 (33%)	
Theological Studies	35 (21,7%)	
Social Sciences	26 (16,1%)	
Engineering and Technical Sciences	21 (13%)	
Exact and Natural Sciences	12 (7,5%)	
Artistic Field		
Other	9 (5,6%)	
	3 (1,9%)	
	2 (1,2%)	
Silesian Voivodeship	119 (73,9%)	
Lesser Poland	19 (11,8%)	
Podkarpackie	14 (8,7%)	
Other	9 (5,6%)	

Table 2. The students' opinion depending on faculty

	Non-medical	Medical and Health Sciences	Overall	p
	(N= 108)	(N= 53)	(N= 161)	
Age	22	23	23	
Median [q25-q75]	[21-25]	[22-24]	[21-25]	0.48
Discontinuing persistent therapy involves:				
Ceasing to perform medical procedures that are ineffective and only exacerbate the patient's suffering.	96 (88.89%)	51 (96.23%)	147 (91.30%)	0.60
Discontinuation of therapy due to financial and organizational reasons within the hospital's operation.	3 (2.78%)	1 (1.89%)	4 (2.48%)	
Shortening of life at the request of the patient or their family.	9 (8.33%)	1 (1.89%)	10 (6.21%)	
Are you familiar with the concept of futile / persistent therapy?				
Yes	70 (64.81%)	49 (92.45%)	119 (73.91%)	**<0.001**
No	38 (35.19%)	4 (7.55%)	42 (26.09%)	
Do you think using futile therapy is a mistake?				
Yes	37 (34.26%)	23 (43.40%)	60 (37.27%)	**0.05**
No opinion	34 (31.48%)	5 (9.43%)	39 (24.22%)	
No	37 (34.26%)	25 (47.17%)	62 (38.51%)	
The decision regarding the non-application or discontinuation of futile therapy in an adult should be made by:				
Therapeutic team (the entire medical staff involved in the treatment)				
Yes	72 (66.67%)	45 (84.91%)	117 (72.67%)	**0.05**
No	36 (33.33%)	8 (15.09%)	44 (27.33%)	
Patient				

Yes	88 (81.48%)	46 (86.79%)	134 (83.23%)	0.69
No	20 (18.52%)	7 (13.21%)	27 (16.77%)	
Family				
Yes	50 (46.30%)	26 (49.06%)	76 (47.20%)	0.94
No	58 (53.70%)	27 (50.94%)	85 (52.80%)	
Court				
Yes	13 (12.04%)	11 (20.75%)	24 (14.91%)	0.34
No	95 (87.96%)	42 (79.25%)	137 (85.09%)	
The decision regarding the non-application or discontinuation of futile therapy in a child should be made by:				
Therapeutic team (the entire medical staff involved in the treatment)				
Yes	47 (43.52%)	28 (52.83%)	75 (46.58%)	0.53
No	61 (56.48%)	25 (47.17%)	86 (53.42%)	
Child's family				
Yes	49 (45.37%)	26 (49.06%)	75 (46.58%)	0.90
No	59 (54.63%)	27 (50.94%)	86 (53.42%)	
Doctors in consultation with the family				
Yes	85 (78.70%)	44 (83.02%)	129 (80.12%)	0.81
No	23 (21.30%)	9 (16.98%)	32 (19.88%)	
Court				
	14 (12.96%)	14 (26.42%)	28 (17.39%)	
Yes				**0.10**

No	94 (87.04%)	39 (73.58%)	133 (82.61%)	
If a patient is unconscious and is in an intensive care unit, they cannot express their opinion. In such a situation, do you agree with the concept that each of us could express our will regarding the discontinuation of futile/persistent therapy or prolonged resuscitation in a document known as a 'Living Will'?				
Yes, I strongly support such a solution and would like to avail myself of that option.	75 (69.44%)	40 (75.47%)	115 (71.43%)	0.92
I have no opinion on this matter.	18 (16.67%)	6 (11.32%)	24 (14.91%)	
I don't think it's a good idea.	15 (13.89%)	7 (13.21%)	22 (13.66%)	
If a family doesn't accept the futility of treatment, what do you think drives them?				
Lack of acceptance of the inevitability of death				
Yes	89 (82.41%)	51 (96.23%)	140 (86.96%)	**0.05**
No	19 (17.59%)	2 (3.77%)	21 (13.04%)	
Belief in a miracle				
Yes	62 (57.41%)	28 (52.83%)	90 (55.90%)	0.86
No	46 (42.59%)	25 (47.17%)	71 (44.10%)	
Lack of trust in doctors and medical staff	41 (37.96%)	29 (54.72%)	70 (43.48%)	
Yes				0.13
No	67 (62.04%)	24 (45.28%)	91 (56.52%)	
In a conflict situation where the family doesn't accept the decision to discontinue treatment, what do you think the medical staff should do?				
Cease futile/persistent therapy according to medical criteria and provide hospice care for the patient.	44 (44.00%)	26 (54.17%)	70 (47.30%)	**0.42**
Refer the matter to court.	24 (24.00%)	14 (29.17%)	38 (25.68%)	

Continue the therapy despite being aware of its futility/persistence.	32 (32.00%)	8 (16.67%)	40 (27.03%)	
Missing	8 (7.41%)	5 (9.43%)	13 (8.07%)	
The patient themselves, after providing a prior declaration		47 (88.68%)	138 (85.71%)	0.75
Yes	91 (84.26%)			
	17 (15.74%)	6 (11.32%)	23 (14.29%)	
No				
Closest family members.				
Yes	30 (27.78%)	16 (30.19%)	46 (28.57%)	0.95
No	78 (72.22%)	37 (69.81%)	115 (71.43%)	
Medical council along with the patient's family				
Yes	57 (52.78%)	32 (60.38%)	89 (55.28%)	0.66
No	51 (47.22%)	21 (39.62%)	72 (44.72%)	
Court				
Yes	10 (9.26%)	1 (1.89%)	11 (6.83%)	0.22
No	98 (90.74%)	52 (98.11%)	150 (93.17%)	

Table 3. The student's opinion depending on gender

	Female (N= 101)	Male (N= 60)	Overall (N= 161)	p
Discontinuing persistent therapy involves				
Ceasing to perform medical procedures that are ineffective and only exacerbate the patient's suffering.	93 (92.08%)	54 (90.00%)	147 (91.30%)	0.91
Discontinuation of therapy due to financial and organizational reasons within the hospital's operation.	3 (2.97%)	1 (1.67%)	4 (2.48%)	
Shortening of life at the request of the patient or their family.	5 (4.95%)	5 (8.33%)	10 (6.21%)	
Are you familiar with the concept of futile / persistent therapy?				0.11
Yes	69 (68.32%)	50 (83.33%)	119 (73.91%)	
No	32 (31.68%)	10 (16.67%)	42 (26.09%)	
Do you think using futile therapy is a mistake?				
Yes	38 (37.62%)	22 (36.67%)	60 (37.27%)	0.99
No opinion	25 (24.75%)	14 (23.33%)	39 (24.22%)	
No	38 (37.62%)	24 (40.00%)	62 (38.51%)	
The decision regarding the non-application or discontinuation of futile therapy in an adult should be made by:				0.42
Therapeutic team (the entire medical staff involved in the treatment)				
Yes	77 (76.24%)	40 (66.67%)	117 (72.67%)	
No				

	24 (23.76%)	20 (33.33%)	44 (27.33%)	
Patient				**0.03**
Yes	90 (89.11%)	44 (73.33%)	134 (83.23%)	
No	11 (10.89%)	16 (26.67%)	27 (16.77%)	
Family				
Yes	57 (56.44%)	19 (31.67%)	76 (47.20%)	**0.01**
No	44 (43.56%)	41 (68.33%)	85 (52.80%)	
Court				
Yes	16 (15.84%)	8 (13.33%)	24 (14.91%)	0.91
No	85 (84.16%)	52 (86.67%)	137 (85.09%)	
The decision regarding the non-application or discontinuation of futile therapy in a child should be made by:				0.99
Therapeutic team (the entire medical staff involved in the treatment)				
Yes	47 (46.53%)	28 (46.67%)	75 (46.58%)	
No	54 (53.47%)	32 (53.33%)	86 (53.42%)	
Child's family				
Yes	47 (46.53%)	28 (46.67%)	75 (46.58%)	0.99
No	54 (53.47%)	32 (53.33%)	86 (53.42%)	
Doctors in consultation with the family				
Yes	87 (86.14%)	42 (70.00%)	129 (80.12%)	0.04
No	14 (13.86%)	18 (30.00%)	32 (19.88%)	
Court				

Yes	20 (19.80%)	8 (13.33%)	28 (17.39%)	0.57
No	81 (80.20%)	52 (86.67%)	133 (82.61%)	
If a patient is unconscious and is in an intensive care unit, they cannot express their opinion. In such a situation, do you agree with the concept that each of us could express our will regarding the discontinuation of futile/persistent therapy or prolonged resuscitation in a document known as a 'Living Will'?				**0.02**
Yes, I strongly support such a solution and would like to avail myself of that option.	80 (79.21%)	35 (58.33%)	115 (71.43%)	
I have no opinion on this matter.	14 (13.86%)	10 (16.67%)	24 (14.91%)	
I don't think it's a good idea.	7 (6.93%)	15 (25.00%)	22 (13.66%)	
If a family doesn't accept the futility of treatment, what do you think drives them?				0.85
Lack of acceptance of the inevitability of death				
Yes	89 (88.12%)	51 (85.00%)	140 (86.96%)	
No	12 (11.88%)	9 (15.00%)	21 (13.04%)	
Belief in a miracle				0.88
Yes	58 (57.43%)	32 (53.33%)	90 (55.90%)	
No	43 (42.57%)	28 (46.67%)	71 (44.10%)	
Lack of trust in doctors and medical staff				
Yes	41 (40.59%)	29 (48.33%)	70 (43.48%)	0.63
No	60 (59.41%)	31 (51.67%)	91 (56.52%)	
In a conflict situation where the family doesn't accept the decision to discontinue treatment, what do you think the medical staff should do?				0.875

Cease futile/persistent therapy according to medical criteria and provide hospice care for the patient.				
Refer the matter to court.	45 (48.91%)	25 (44.64%)	70 (47.30%)	
Continue the therapy despite being aware of its futility/persistence.				
Missing	25 (27.17%)	13 (23.21%)	38 (25.68%)	
	22 (23.91%)	18 (32.14%)	40 (27.03%)	
	9 (8.91%)	4 (6.67%)	13 (8.07%)	
If you were dealing with an incurable illness, who should decide on limiting futile therapy?				**0.04**
The patient themselves, after providing a prior declaration.				
Yes				
No	92 (91.09%)	46 (76.67%)	138 (85.71%)	
Closest family members.				
Yes	9 (8.91%)	14 (23.33%)	23 (14.29%)	
No				
	30 (29.70%)	16 (26.67%)	46 (28.57%)	0.91
	71 (70.30%)	44 (73.33%)	115 (71.43%)	
Medical council along with the patient's family				
Yes	56 (55.45%)	33 (55.00%)	89 (55.28%)	0.99
No	45 (44.55%)	27 (45.00%)	72 (44.72%)	
Court				
Yes				
No	6 (5.94%)	5 (8.33%)	11 (6.83%)	0.84