Health Affairs

At the Intersection of Health, Health Care and Policy

Cite this article as:
Marshall B. Kapp
Standards Of Care And Best Care
Health Affairs, 34, no.7 (2015):1253

doi: 10.1377/hlthaff.2015.0655

LETTERS

There is a limit of 300 words for letters to the editor. Health Affairs *reserves the right to edit all letters for clarity, length, and tone. Letters can be submitted by e-mail, letters@healthaffairs.org, or the* Health Affairs *website, http://www.healthaffairs.org.*

DOI: 10.1377/hlthaff.2015.0655

Standards Of Care And Best Care

In her beautifully written and heartfelt Narrative Matters essay (May 2015), Patricia Gabow suggests a false dichotomy between the standards of care that guide physician behavior in the treatment of very sick patients and the best care for some—perhaps many—people who are approaching the end of life. She claims that achieving the best care for her mother required her to convince physicians to deviate from applicable standards of care in several respects.

Standards of care should always allow for consistency with the best care for all patients (including those approaching the end of life), if by *best care* we mean the care plan knowingly and voluntarily chosen by the patient or the patient's substitute decision maker, which ideally expresses the patient's values and wishes to the fullest extent possible. A patient (or surrogate) cannot insist on receiving futile or nonbeneficial forms of medical intervention. However, he or she retains the right under the principles of informed consent and shared decision making to refuse any intervention recommended by the physician if the patient or surrogate believes that intervention would not be the best care for the patient in terms of his or her goals and wishes. The standards of care guiding physician behavior in end-of-life situations should always incorporate patient or surrogate choice about whether to decline a medically aggressive intervention in favor of palliative care.

Thus, Gabow's negotiations with her mother's medical team did not represent an exercise in the realignment of standards of care or a deviation from them. Instead, her efforts involved forcing the physicians to follow the fundamental standard of care—namely, to protect and promote the patient's autonomy.

Marshall B. Kapp
Florida State University
TALLAHASSEE, FLORIDA