Background:
Advanced medical technology helps extend the lives of critical patients. In Taiwan, policy makers tend to provide care standards and evaluation guidelines for critically ill and terminal patients whose treatment is medically futile. Therefore, futile treatments are considered wasteful from the perspective of the national health insurance system. However, the current status of medical futility for critically ill patients is inadequate and a definition for medical futility remains inconclusive. Because the term “medical futility” is used in many different ways, it is difficult to define and, therefore, also difficult to assess.

Purpose:
To explore medical professionals’ perspectives on medical futility in order to develop medical futility case scenario

Methods:
Narrative inquiry and purposive sampling was applied. Narrators were 7 Intensive Care Unit (ICU) nurses and 5 physicians from medical centers in central Taiwan who had more than one year of working experience that included taking care of critical patients. Following Jovchelovitch and Bauer (2000), a 4-phase narrative interview was applied. Medical futility case stories were developed using Hoey’s problem-solution pattern framework. The trustworthiness of the study was examined using Lincoln and Gubas’ principles.

Results:
• This study revealed that the major challenge in clinical cases of medical futility is for physicians, nurses, and patients to effectively communicate with each other within a short time when patients’ condition changes unexpectedly.
• Medical futility case scenario included as difficulty in predicting disease progression, differing definitions of medical futility due to distinct personal beliefs, lack of skilled and timely communication among physicians, nurses, and patients, families unwilling to let go, and cultural customs.
• Finally, five medical futility narrative examples of how critical patients advanced to medically futile patients were included.

Contributions:
The results of this research could help medical professionals understand medical futility in clinical situations. The case stories developed from the study’s narrative interviews could also be of value in clinical health care, multi-professional communication, and life-ethics education.

Table 1: Example of medical futility story
By judging from the progress of the patient’s disease ... the physician indicated that the disease could no longer be controlled by medical treatment. ... At the surgical ward, they (the visiting physician) performed surgery and were free only on (nurses’) evening shifts; however, the patient’s families visited him [the patient] in the morning or afternoon and did not have time to visit at night ... so there was no time [for both the patient’s family and physician] to communicate. ... If they [the patient’s family] had received insight [into the patient’s condition], then they wouldn’t have done such cruel things to him ... If they knew that his shock could not be controlled, they would have been willing to let him go [die] because what the patient’s families wanted for him was for him to [get out of the bed and] walk again. ... Many patient families had such [unrealistic] expectations. (A-y)

Table 2: Example of medical futility story after analysis

<table>
<thead>
<tr>
<th>Background</th>
<th>Situation</th>
<th>Problem</th>
<th>Solution</th>
<th>Negative Evaluation</th>
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<tbody>
<tr>
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