



Three Definitions of Medical Futility and How to Balance Them

As modern medicine pushes forward, it will continue to create scenarios that challenge our notions of right and wrong. New technologies and advancements in medicine will raise questions regarding the ethical permissibility of continuing to do “everything” versus the risks of holding back. These questions are especially true regarding questions of medical futility.

In this blog, two CPB staff members offer **three practical definitions of medical futility**, what each one means, how they relate to each other, how some interventions might meet one definition, why some are failing to meet another, and how a clinician can balance each of these concepts to provide the highest ethically supported recommendations.

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This Thanksgiving Do Your Loved Ones a Favor Have the Conversation

Are you planning to spend time with loved ones this Thanksgiving?

At some point between greetings and leftovers, why not carve out time to talk to each other about what you would want – and not want – in a life-threatening or serious illness situation where you couldn't speak for yourself.

If you hesitate to bring the subject up during the holidays, think about it as a gift to your loved ones. Having the conversation (aka Advance Care Planning) can make the difference between a family torn about “what mom would have wanted” and the peaceful and dignified end that we all want for ourselves and those we love.

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CPB is collaborating with scholars across the country to design tools to facilitate community input to answer questions about how to improve public health.

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You Can Hear Me But Are You Listening

Talia's Mom Reflects on Her Message and Its Impact

Talia's mom, Naomi Kirtner, recently wrote about what it was like, at great emotional cost, to present four lectures in Kansas City in two days, including the [29th Annual Flanigan Lecture](#), about the death of her daughter.

Naomi and her husband, Jeff Goldenberg, founded Talia's Voice: Projects for Patient Safety after Talia died because people in charge wouldn't listen.

"What we didn't realize," wrote Naomi, "is how integrated this set of four lectures would feel; how lucky it seemed to get to join the whole of the medical community in Kansas City, how talking about Talia's experiences and death could reach members from all parts of the broader medical community."

Naomi describes several connections made during these lectures, including a

truly remarkable one with one woman at the Flanigan Lecture, who turned out to have been online with Talia in a group chat one hour before Talia died.

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