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Title: Decisions to withhold or withdraw life-sustaining treatment in a Norwegian intensive care unit

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Body: Background: To withhold or withdraw therapies are important decisions made in intensive care units (ICUs). Few studies have investigated these processes. Objectives: To investigate the incidence of withholding or withdrawing therapy, what characterizes the patients and how these decision processes are handled in a general ICU in a University Hospital in Norway, from 2007 to 2009. Methods: Age, sex, reason for admission to the hospital, length of stay, diagnostic category, SAPS II, invasive mechanical ventilation time, outcome of stay, and if therapy was withheld or withdrawn were prospectively registered in a database. For this study we retrospectively reviewed the medical records for all information on restrictions in therapy. Results: In total, 1287 patients were admitted to the ICU, and 72% received mechanical ventilation. ICU mortality was 208 (16%), and 341 (27%) died before hospital discharge. In total, 301 patients (23%) had restrictions in therapy and higher in-hospital mortality than the 986 patients without restrictions (79% vs. 11%, $p < 0.001$). Patients with restrictions had higher SAPS II ($p < 0.001$) and were older ($p < 0.001$) than those without restrictions in therapy. The prevalence of restrictions in therapy differed among the diagnostic categories ($p < 0.001$). The most common reason for withdrawing therapy was poor prognosis. In 87% of the cases with withdrawal of therapy a consultant physician was documented as responsible for the decision. Conclusion: Withholding or withdrawing therapy in the ICU was common. The patients with restrictions in therapy were older and had more severe illnesses than patients with no restrictions. Consultant physicians made the decision in most cases.