

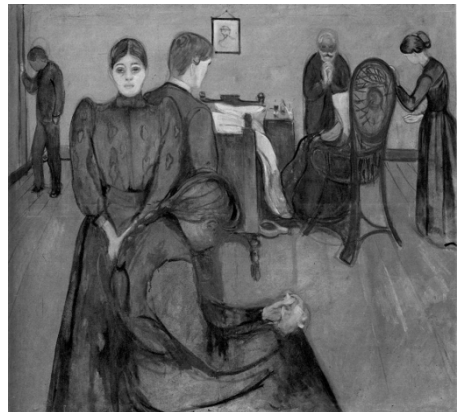
End of Life Care: Ethics in clinical practice



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Death
In the
Sickroom

Have you
experienced
a situation
like this?



"The Dead Mother"

"If I take her off the feeding tube, she'll starve to death."



Objectives

- Outline the management approach of life limiting illness
- Communicate effectively the end-of-life decisions to appropriate persons.
- Enumerate six ethical duty of a doctor

Case 1

- Mr Z made a written advance directive 5 years ago. Mr Z suffers from chronic obstructive pulmonary disease and the advance statement provides that if he is admitted in respiratory failure he will not be ventilated. The advance directive is placed in his notes. Mr Z is brought into ER in respiratory failure and is acutely confused because of low oxygen levels in his blood. He says that he wants 'everything done' in order to save him. The doctor in charge of his care decides to ventilate him.
- What issues does this raise?
Do you agree with the decision?

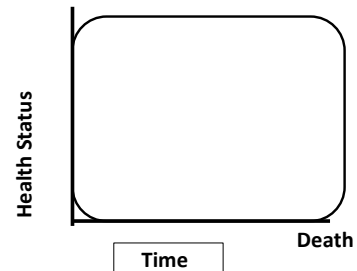
Case 1 feedback

Case 2

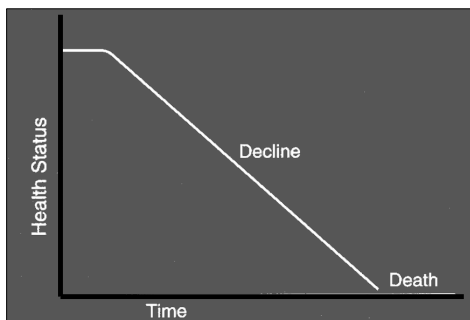
- (a) In accordance with an ALS patient's wishes the doctors remove her from her respirator. She dies.
- (b) A greedy son removes an ALS patient from her respirator because he wants to collect his inheritance. She dies.
 - Are these cases of killing or letting die?
 - Are these cases morally different?

SUDDEN DEATH, UNEXPECTED CAUSE

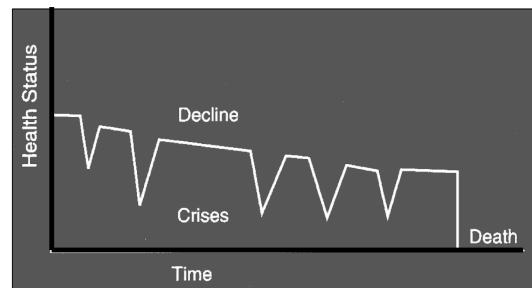
♦ < 10%, MI, accident, etc.



Steady Decline Short "Terminal Phase"



SLOW DECLINE Periodic Crises, Sudden Death



Progressive, life limiting illness management approach:

- Patients, primary carers and families
- are provided with information to allow them to make informed decisions
 - are encouraged to participate in the development of their care plan initially and on an ongoing basis
- Referral to palliative care specialist services when needs are, or will become complex
- Complex pain or symptoms not responsive to established protocols
 - Complex psychological and/or social needs
 - Increased risk of complicated bereavement for the primary carer and family

Negotiating Ceasing Active Treatment

- The patient and caregivers deserve a frank assessment of the likelihood of response to treatment and its duration
- Doctors do not stop treating patients when they stop active therapy. Rather, a different treatment program has been chosen.
- A patient with incurable disease: is best served by placing his or her hope in things that will not fail, be it a doctor's ongoing care, the love of the family, religious beliefs, and so on.

Contd...

Show the patient/ their family that you care
Don't cut the patient loose at this time

Multidisciplinary team is needed to provide

- Spiritual and psychosocial support
- Symptom control
- End of life care
- Bereavement support

Contd....

- Good communication with GP essential. GP may be asked for another opinion by patient and/or carers
- Appropriate involvement of nursing resources, hospital and community. At this stage, good nursing care may become the most significant need for patients and carers

Multidisciplinary team

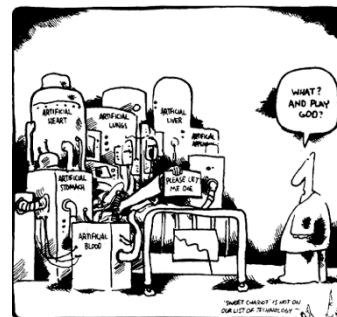
- | | |
|------------------------|--------------------------|
| • Nursing | • Social work |
| • Medical | • Psycho-oncology |
| • Pharmacy | • Psychiatrists |
| • Physiotherapy | • Clinical psychology |
| • Occupational therapy | • Bereavement counselors |
| • Diversional therapy | • Volunteers |

Ethical duty of Doctor

- Make natural death peaceful and dignified
- Provide palliative care
- Understand and address the psychological and social needs
- Respect and address the spiritual needs
- Avoid prescribing or employing unproven means
- Respect and try to follow any written wish

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Thank You