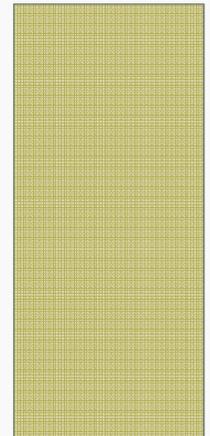


DEATH AND DYING HOSPICE CONFERENCE

PROF. PIERRE MALLIA



TOPICS

- Assisted Suicide
- Ordinary and extraordinary treatment
- Futile treatment
- Withholding and withdrawing treatment
- Palliative care
- Right to refuse treatment

OBJECTIVES

To identify the commonest and most challenging ethical decisions when approaching the end of life

To describe the relevant legal, professional and moral guidance relevant to ethical decision making at the end of life

To evaluate how to apply this to everyday clinical situations

WHAT ARE THE MOST CHALLENGING SITUATIONS WHEN THEY DO HAPPEN?

- Euthanasia and requests to end life
- Telling the truth
- Confidentiality
- Do not attempt CPR
- Risk of shortening life with opioids and sedatives
- Hydration at the end of life
- Capacity assessment
- Consent
- Deprivation of liberty safeguards
- Withholding treatments - knowing when to stop
- Respecting choice
- Time as a resource

EUTHANASIA

- Intentional killing of a person
- Usually assisted by someone
- Both Active and Passive
- There are exceptions to Euthanasia
- Problem is differentiating them from passive euthanasia

ASSISTED SUICIDE

- Assisted suicide is illegal in Malta (and in the UK)
- Doctors should be aware of what may be interpreted as assisted suicide:
 - Advice on what constitutes fatal dose
 - Suggest the option of assisted suicide abroad
 - Write a medical report to facilitate assisted suicide abroad
 - Facilitate any aspect of planning a suicide

- Switzerland are tightening controls of 'tourism suicide'; they are requesting report from two practitioners.
- Although to date (July 2010) no doctor has been prosecuted, this is still a possibility.

ORDINARY AND EXTRAORDINARY TREATMENT

- What is ordinary and extraordinary?
- What about fluids and food?
- Can a conscious patient refuse life support?
- Cases: Quinlan, McAfee
- Morale: Ordinary and Extraordinary (or disproportionate) treatment are to be decided by patient and in lack of capacity thereof, by family.

Krishna, Position of the Family within decision-making process

Ethics and Medicine, Vol. 27:3, 2011

Pius XII, Instruction on medical care, 1952

- What is futile treatment
- Do we treat a UTI in a cancer patient?
- Do we treat a UTI in a terminal patient?
- Do we remove a drip or an oxygen mask?...and is TLC still acceptable?

WITHHOLDING AND WITHDRAWING TREATMENT

- Principle of moral equivalence
- Although it seems more difficult to remove person from life support, it is morally equivalent whether one is removing life support or not starting life support.
- Difference from passive euthanasia

PALLIATIVE CARE

- Principle of double effect
- Includes holistic approach
- Family environment
- Bio-psycho-social-spiritual approach.
- Controversy on Palliative Sedation; Liverpool Care Pathway. (IACB statement)

DEFINING GOALS

- Comfort, not cure
- Avoiding distress and discomfort
 - Pain to insert needles
 - Thrombophlebitis to hydrate (enthusiastically) – It is too easy just to give the order.
 - Subcutaneous swelling
 - Discomfort of NGT (try it for 10 minutes, then think about your dying patient)
 - Attempt to remove masks
 - Distress of family and concern about dignity
 - Effective communication helps in bereavement process.

ON NASO-GASTRIC TUBES – MEDICAL CARE?

- A tube is an intervention directed often at patients with incurable and naturally lethal disease
- Requires medical personnel to insert and maintain
- Does not give ‘experience’ of food
- Can have complications
- Substantial risk to health of the patient
- Recognized that at end-of-life, it is doubtful how much ‘nutrition’ it is providing; there is not evident change to the weight and catabolic state of the patient

*Clary, On the Nature of Tube Feeding
Ethics and Medicine, Vol. 26:2, 2010*

- Killing and allowing to die
- Ordinary vs. Extraordinary
- Futile treatment

- Cannot treat without patient's consent
- It is patient who decides what is extraordinary
- Conformity between Pius XII allocution and GMC guidelines
- We should not push patients into a PVS (Paul V)

PERSISTENT VEGETATIVE STATE

- What about PVS
 - Side effect of modern medicine
 - Patient is not on life support machines
 - Pt. appears alive to others but we know there is no conscious experience (as opposed to minimally conscious states)
 - IF ANH, why not treat infections?
 - Contractures and physio.