

Decisions at the end of life



Decisions at the End of Life Introduction: Medical profession today is 'Accountable' to the society . i. e. obliged to the laws regulating the professional activity. One of the most difficult realities the doctors face is that, despite efforts and good care, some patients will die, either due to the nature of the diseases like Cancer or AIDS or due to developments related to patient's age and health conditions.

Although, technological advances in health can bring extended and improved quality of life, the ability of these technologies to prolong life beyond a meaningful point has raised ethical issues, especially in " nothing more can be done" patients. Denial on the part of the patient and family members about the seriousness of Terminal illness has been a barrier to discuss about end of treatment options (Kubler-Ross 1969). The mode of Palliative care i. e. the comprehensive care of the patients whose disease is not responding to cure in today's scenario should be done only by proper practice procedures to safeguard the concerns of the physician, nurses and the patient. Studies have conformed that patients want information about their illness and end of life choices (McSkimming et. al, 1994). The case of Nancy Curzon helped enormously to the evolution of 'laws on medical practice'. Nancy Curzon was a young woman involved in a car crash after which she remained in a persistent vegetative state. In spite of a three year legal battle by her family to have her feeding tube removed to let her die, the U. S Supreme court decided that a state requires a " Clear and Convincing Evidence" of the patient's wishes before withdrawal of life-support. This gave rise to the 'Patient's Self-Determination Act, Dec. 1991'. The intent of this legislation is to encourage people to prepare 'Advance directives' in which they indicate their wishes concerning the degree of supportive care to be provided if they

become incapacitated.

'Advance directives' are legal documents that specify a patient's wishes before hospitalization and provide the necessary information for tough decision making situations. Thus, proper documentation of the 'Advanced directives' is a key function in the care of the terminally ill patients. The Advance directive is usually composed of 1. Living will: It is a medical directive issued by an individual with sound mind. This documents treatment preferences and provides instructions of care. This is often accompanied by a 'Proxy directive'.

2. Proxy directive: This is the appointment and authorization of another individual to make medical directives on behalf of the person who created an advanced directive when he/she is no longer able to speak for himself/herself. This is known as Health Care Power of Attorney or 'Durable Power of Attorney'. Assisted suicide is a criminal offence except in the state of Oregon, U. S. A where there is a statute legalizing physician assisted suicide.

Apart from these legal documentation procedures, Diagnosis and Treatment Report which every health care delivery center today provides to the patient on the details of the diagnosis of the terminal disease with follow up instructions; The Health Record which is the record written and forms the legal evidence of treatment and Informed Consent which is the document recorded before any terminally ill person receives his chemotherapy or an invasive procedure should be properly documented. This means that tests, treatments and medications have been explained to the person, as well as outcomes, possible complications and alternative procedures.

Thus, the healthcare professionals should safeguard their ethical professional

interests and the welfare of the terminally ill patients with a sense of responsibility.

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