Problems at the end of life

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Introduction

- Literature shows that many patients are hospitalised during the final months of their lives (De Korte-Verhoef et al., 2013) although preferably patients want to die at home (De Korte-Verhoef et al., 2013)

- Most common problems are respiratory problems (De Korte-Verhoef et al., 2013)

→ Guaranteeing quality of care at the end of life remains challenging

De Korte-verhoef et al., 2013

Introduction (2)

- No valid methods to predict death thus difficult to streamline patient management (Coombs & Long, 2008)
- Use of pathways has no proven positive effect on quality of care
- Different opinions on care options at the end of life

Need to define hospitals approach to care

Need for clear terminology / frameworks

Coombs & Long, 2008;
Chan & Webster, 2013

A conceptual framework

- Flemish Palliative Care Federation takes active part in discussion since start of euthanasia debate
- Ethical issues at the end of life are not just restricted to euthanasia
- Still a lot of confusion about different aspects of end-of-life care

Development of conceptual framework:
'Treatment decisions at the end-of-life'

FEDERATIE PALLIATIEVE ZORG VLAANDEREN

Broeckaert et al., 2007

A conceptual framework (2)

3 Major categories are distinguished

1. Choices with regard to **curative** or **life sustaining** treatment: is such a treatment initiated or withheld, continued or withdrawn?

2. Choices with regard to **palliative treatment** and **symptom control**: all treatments aimed at maximizing, in an active way, the incurably ill patient's quality of life and comfort

3. Choices with regard to **euthanasia** and **assisted suicide**, where lethal medication is purposefully administered.

Broeckaert et al., 2007

1. (Foregoing) life sustaining treatment

- Life threatening disorder often evolves in an adverse way

- Physician and patient face a number of difficult choices

First series of choices relate to curative or life sustaining treatment

Whether or not to withhold a treatment will have an effect on quality of life and time one has left.

Broeckaert et al., 2007

(Foregoing)life sustaining treatment

1.1 (Non)-treatment decisions

- Rarely clear cut decisions
- Depending on:
  - Success rate?
  - Meaningful vs futile?
  - Quality versus quantity?
- Importance of values and appreciations of patient
- Imperative to involve patients in decision making

- Initiating or continuing a curative or life sustaining treatment
- Non-treatment decision: “withdrawing or withholding a curative or life-sustaining treatment, because in the given situation this treatment is deemed to be no longer meaningful or effective

Broeckaert et al., 2007

(Foregoing) life sustaining treatment

- 1.2 Refusal of treatment
  - The right for physical integrity implies respect for the choice of a patient
  - Health care workers have the duty to express their concern

Refusal of treatment: “withdrawing or withholding a curative or life-sustaining treatment, because the patient refuses this treatment”

Broeckaert et al., 2007

2. Pain and symptom control

- Sometimes treatment fails
- Care shifts from curative to palliative
- Palliative care is:
  - Active care
  - With focus on comfort
  - Interdisciplinary and comprehensive
  - Treatment of symptoms

Broeckaert et al., 2007

Pain and symptom control

- 2.1 Pain Control
  - A lot of attention for treatment of physical pain
  - Nevertheless still al lot of patients die with substantial pain due to lack of experience in palliative care
  - Importance of principle of proportionality

Pain control is: the intentional administration of analgesics and/or other drugs in dosages and combinations required to adequately relieve pain."

Broeckaert et al., 2007

2. Pain and symptom control

- 2.2 Palliative sedation
  - Sometimes patients experience refractory symptoms
  - Administration of palliative sedation can be considered
  - Importance of consent of patient and family
  - Importance of principle of proprotionality

Palliative sedation:
“the intentional administration of sedative drugs in dosages and combinations required to reduce the consciousness of a terminal patient as much as necessary
to adequately relieve one or more refractory symptoms”

Broeckaert et al., 2007

3. Euthanasia & assisted suicide

- Exceptional category – often controversial
- Aim at shortening or terminating life
- 3 kind of acts can be considered in this category

Broeckaert et al., 2007

3. Euthanasia & assisted suicide

- 3.1 Voluntary euthanasia
  - Always an active intervention
  - Action is carried out by another person than he patient himself
  - Patient requests a termination of life
  - Implies competent patients

Voluntary euthanasia:
"The administration of lethal drugs in order to painlessly terminate the life of a patient suffering from an incurable condition deemed unbearable by the patient, at this patient's request".

Broeckaert et al., 2007

3. Euthanasia & assisted suicide

- 3.2 Assisted suicide
  - Patient performs the action
  - Legal status of assisted suicide in Belgium is obscure because it is not mentioned in the euthanasia law
  - Switzerland and Oregon (USA) allow assisted suicide under certain circumstances
  - The Netherlands allow voluntary euthanasia and assisted suicide n the same way

Assisted suicide:
"intentionally assisting a person, at this person's request, to terminate his or her life".

Broeckaert et al., 2007

3. Euthanasia & assisted suicide

- 3.3 Non-voluntary euthanasia
  - Lethal medication is purposefully administered without the patient's request
  - Cf. disproportionally raising pan medication

Non-voluntary euthanasia:
"The administration of lethal drugs in order to painlessly terminate the life of a patient suffering from an incurable condition deemed unbearable, not at this patient's request".

Broeckaert et al., 2007

Conclusion

- This framework tries to create a necessary foundation for a meaningful dialogue
- Palliative care offers best possible quality of life to patients and families
- Delicate ethical decisions have to be made
- Importance of being careful
- Patient's voice plays a central role
- Specialised advice and professional support
- Importance of advanced directives

Broeckaert et al., 2007