

ETHICS AND END-OF-LIFE DECISIONS

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WHAT IS ETHICS?

- Greek *thikos*, *ethical*, from *thos*, *character*
- The rules or standards governing the conduct of a person or the members of a profession

(The American Heritage® Dictionary of the English Language, Fourth Edition 2000)

DO WE NEED ETHICS?

- Individual or societal
- Familial or cultural
- Religious or secular
- Legal or philosophical

MODERN AGE BIOETHICAL CHALLENGES

- Beginning-of-life issues
- Research issues
- Resources issues
- Equality issues
- End-of-life issues
- Standard of living issues

END-OF-LIFE ISSUES

- Consent
- Confidentiality / Team
- Autonomy
- Truth Telling
- Life Prolonging Treatments (Hydration, withholding treatment, Resuscitation)
- Advanced Directives
- Provision of Alternative Therapy
- Research
- Assisted suicide / Euthanasia

ARISTOTLE (384 BC – 322 BC)

- *Nothing is fixed in matters of conduct and of what is useful, any more than in matters of health. Since even the general account is like this, the account of particular cases is still less exact. The cases do not fall under any art or precept. Instead the agents themselves must all the time consider what is appropriate to the particular occasion, just as in medicine or navigation.*

Nicomachean Ethics

MORAL THEORIES

- Deontology
Ethical or not decided by the action
 - Absolutism
 - Prima Facie
- Consequentialism
Ethical or not decided by the effects
- Virtue Ethics
- Ethics of care

ETHICS

- Prima Facie principles:
 - * Beneficence – Help your patients
 - * Non-Maleficence - Do not harm your patients
 - * Autonomy – Respect
 - * Justice – Treat fairly

BACKGROUND

- Ethics applied against a background of:
 - * Respect for life
 - * Acceptance of the ultimate inevitability of death

AUTONOMY

- Doctors have an obligation to discuss treatment with patients
- Not having a consent for any form of treatment can be charged as ‘battery’.

CONSENT

- The patient must be *competent* to give consent
- The consent must be based on provision of adequate *information* which must be shown to be *retained*
- The consent must be *voluntarily* given

UK-1990

CASE HISTORY

- X, 46 years old male, H/O Hepatocellular carcinoma admitted with confusion. Diagnosed Hepatic Encephalopathy
- Commenced on I/V Fluids and Antibiotics
- Next day, deteriorating
- Nursing staff asks for Resuscitation status
- Newly wed, wife wants all the treatment going
- What next?

LIFE PROLONGING TREATMENTS

- Potential benefits of treatment must balance against potential risks and burdens
- Striving to preserve life but when, burdens outweigh benefits, withdrawing or withholding such treatments and provide comfort in dying
- Individual needs balanced with needs of society

(BMA 1998)

LIFE PROLONGING TREATMENTS

- Decide appropriate treatment with the patients, keeping in mind:
 - * the patient's biological prospects
 - * the therapeutic aim and benefits of each treatment
 - * the adverse effect of treatment
 - * the need not to prescribe a lingering death

(BMA 1998)

LIFE PROLONGING TREATMENT

- Parenteral hydration or medications
- Medications for concomitant diseases
- Cardiopulmonary Resuscitation

LIFE PROLONGING TREATMENT

- Obstacles:
 - Expectations
 - Difficulty with communications
 - Medical hierarchy
 - Fear of “failure”

DOCTRINE OF DOUBLE EFFECT

- If measures taken to relieve physical or mental suffering cause the death of a patient, it is morally and legally acceptable provided the doctor's intention is to relieve the distress and not to kill the patient.

(The trial of Dr John Bodkin Adams)

CASE HISTORY

- Y, 45 years old female with Breast cancer and axillary lymph nodes presents with 'pain all over'
- Despite investigations and analgesics, pain worsened and she is now unable to sleep all day
- One month gone, needs regular visits
- Losing weight, feeling fed up, family unhappy
- Requests Euthanasia
- What next?

ADVANCED STATEMENT

- *‘Living Will’*
- Valid if patient is deemed incompetent
- Statement that how they wish to be or not to be treated
- Should be taken into account while making a decision (BMA-1995)
- Not legally binding (*unless case-specific*)
- *Mental Capacity Act from 2007*

EUTHANASIA

- *'Good Death'*
- A deliberate intervention undertaken with the express intention of ending a life to relieve intractable suffering
- Active act (as opposed to Physician Assisted Suicide)
- Lord Joffe's Bill in House of Lords

EUTHANASIA

- *Is NOT:*
- Allowing nature to take its course
- Stopping biologically futile treatment
- Using Morphine and other drugs to relieve pain
- Using sedatives to relieve intractable mental suffering in dying patients

EUTHANASIA *(Twycross – 1997)*

- Reasons:
 - Unrelieved symptoms (esp. pain)
 - Fear of future intolerable symptoms esp. pain
 - Fear of being kept alive with machines and tubes at a time when quality of life would be unacceptably low
 - A short-term adjustment disorder (despair)
 - Depression
 - Feeling a burden on one's family, friends or society
 - Feeling unwanted by family, friends or society
 - A fixed sense of hopelessness

EUTHANASIA

- Legalised in Netherlands and Belgium
- Select Committee on Medical Ethics – UK (1997):
- *‘(There is) not sufficient reason to weaken society’s prohibition of intentional killing which is the cornerstone of law and of social relationships. Individual cases cannot reasonably establish the foundation of a policy which have such serious and widespread repercussions. The issue of euthanasia is one in which the interests of individual can not be separated from those of society as a whole.’*