

End of life desicions



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Dead Donor Rule

- **1. organ donors must be dead before procurement of organs begins**
- **2. organ procurement itself must not cause the death of the donor**



Problem of end-of-life decisions

- **Only patient is allowed to consent and to withdraw consent**
- **What about when the patient is in unconsciousness?**
- **When the patient is unconscious, anything may be done only for his or her direct benefit**
- **What is direct benefit?**



CONVENTION ON HUMAN RIGHTS AND BIOMEDICINE

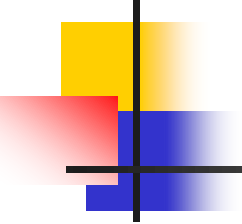
■ **Article 5 – General rule**

- An intervention in the health field may only be carried out after the person concerned has given free and informed consent to it.
- The person concerned may freely withdraw consent at any time.
- An intervention may only be carried out on a person who does not have the capacity to consent, for his or her direct benefit.



Ethical consensus

- **Grows up from public debate**
- **Consensus on patient's rights grew up in debates:**
 - **In USA 1970 – 1978**
 - **In West Europe 1980 – 1988**
 - **In Czech Republic – never, debate is missing or only superficial**

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- **Patient makes decisions – but he is a layman**
 - **Physician is expert – but he do not make decisions**
 - **Physician has two essential tasks: expertize and comunication**



What to do in conflict?

- **Patient has his set of values and preferences**
- **Physician's dominant value is life and health**
- **In conflict patient's preferences and values prevail**
- **but physician has his conscience**



What to do in conflict?

- **Set of patient's values and preferences must be coherent**
- **Physician's conscience must be sound**
- **Only communication can clarify grounds of both**
- **Of course, this we can apply only when patient is in contact with physician and when there is life threatening situation.**



When patient is unconscious

- **The only person authorised to make decisions cannot do it**
- **Nobody is authorised to tell „switch it off“**



There are two possibilities:

- **Provide care which is inconsistent with patient's wishes**

or

- **Ask questions about patient's values and preferences**



How to ascertain patient's values and preferences?

- **The best way is written and signed document**
- **If it does not exist, than we must ask questions**
- **The best source of information are relatives and friends of the patient**



But

- **We move in the space of uncertainties**
- **Diagnosis are sure on 90% to 98%**
- **Therapeutic recommendations have 60% to 90% of certainty**
- **How much we are sure in assessing patient's needs?**



But

- **Advance directives are no simply advance informed consent (or dissent)**
- **The document was signed when patient had no experiences with disease stage concerned**

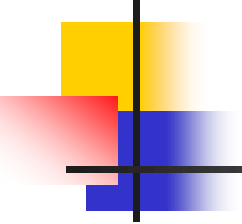


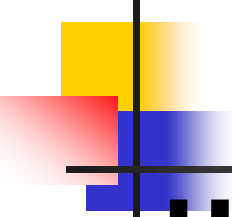
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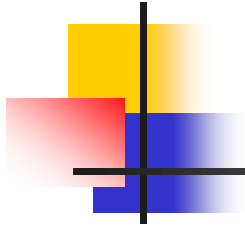
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- **We must interpret text or information gathered and apply it in actual situation.**
 - **This could be called hermeneutics**
 - **Physicians are not trained in this enterprise**

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- **Hermeneutic or other ways of interpretation are usually provided in groups**
 - **Christian theology was developed at universities and councils**
 - **End-of-life decisions must be the matter of group discussion**
 - **Consensual solution is the best**



- **Human life is at stake**
- **Physician is expert in preserving life**
- **Therefore physician should have the veto right**



Situation in Czech Republic

- **„Advance directive“ is translated as „in advance expressed wish“**
- **„In advance expressed wish“ to be lawful must contain text written by family physician**
- **Physician is not allowed to withdraw life saving treatment on patient's wish**



Děkuji za pozornost
