Basic Certificate in Palliative Care

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Week-06

Lecture 02: Ethical Aspects of End of Life

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This is week number 6, lecture number 2. Hello everyone, in this lecture I am going to talk about ethical aspects of palliative.

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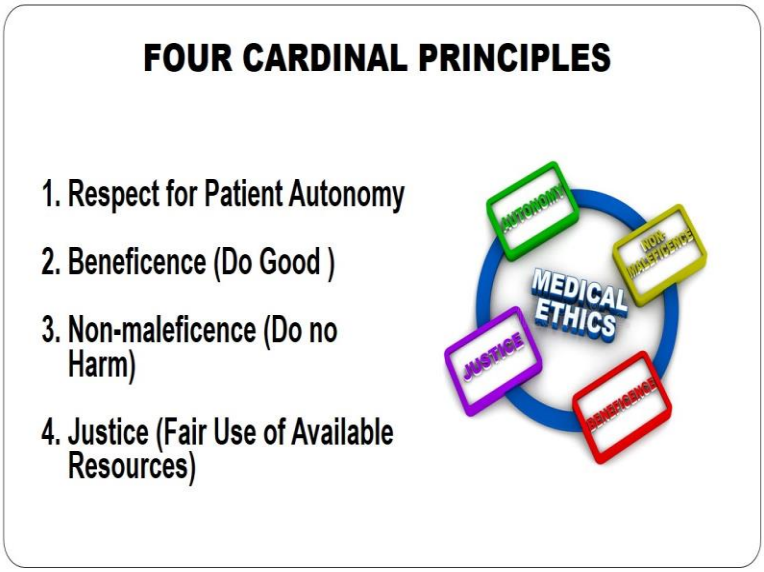

In our medical studies we are taught the four cardinal principles of medical ethics. First is autonomy, where you respect the patient and involve the patients in decision making and respect their decision. Second is beneficence, do always good to your patient. Third cardinal principle is nonmaleficence, means do not harm your patient. And fourth is justice, you should make fair use of available resources whenever you are practicing anywhere.

So these are the four cardinal principles we are taught and how they are they can be implemented in palliative care.

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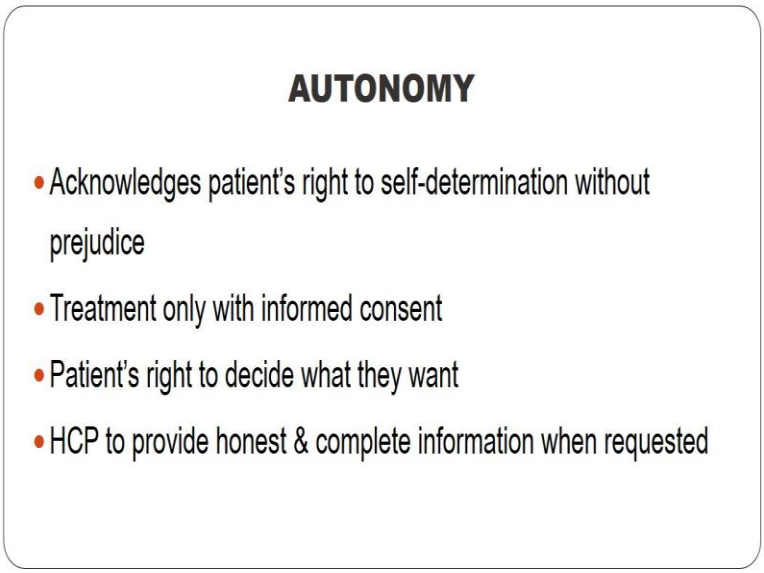

First principle autonomy, acknowledges patient's right to self-determination without prejudice. If patient takes another decision against you, against your advice, you should not have any prejudice because patients, it is patient's right to decide about themselves. Treatment only with informed consent and informed consent is taken before treatment.

Informed consent means you have to inform everything to the patient about the treatment you are going to give. Without information if you take consent it is not valid. Patient's right to decide what they want and it is patient's right they can decide whether to take this treatment or not to take this treatment or go to other physician or go for another type of surgery and whatever. Healthcare provider to provide honest and complete information when requested. So in patient autonomy for another requirement is patient should be given correct information and complete information.

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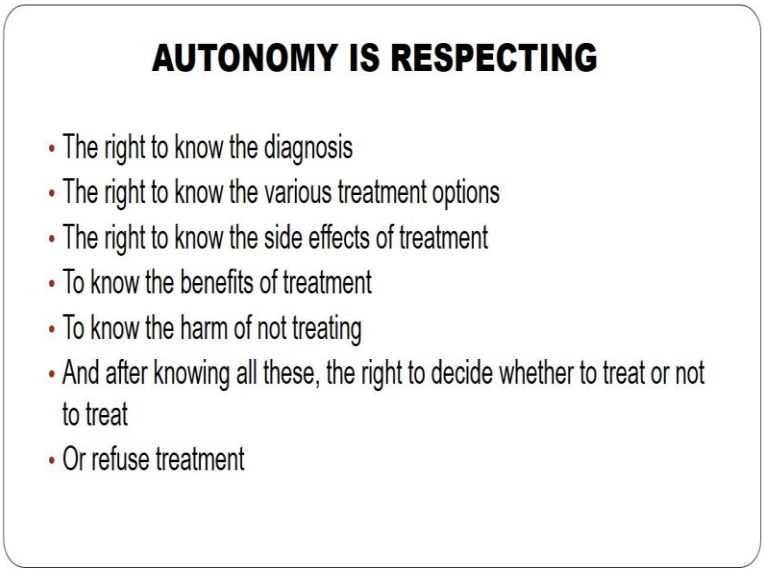

Autonomy is respecting the right to know the diagnosis. So patient has got right to know the diagnosis, he has got right to know the various treatment option, he has got right to know the side effects of the treatment, he has right to know the benefits of the treatment, he has right to know the harm of not treating if treatment is not given what is the consequences, he has got right to know about it and after knowing all these the right to decide whether to treat, take treatment or not to take treatment that is what the patient autonomy is. Patient has also got right to refuse treatment.

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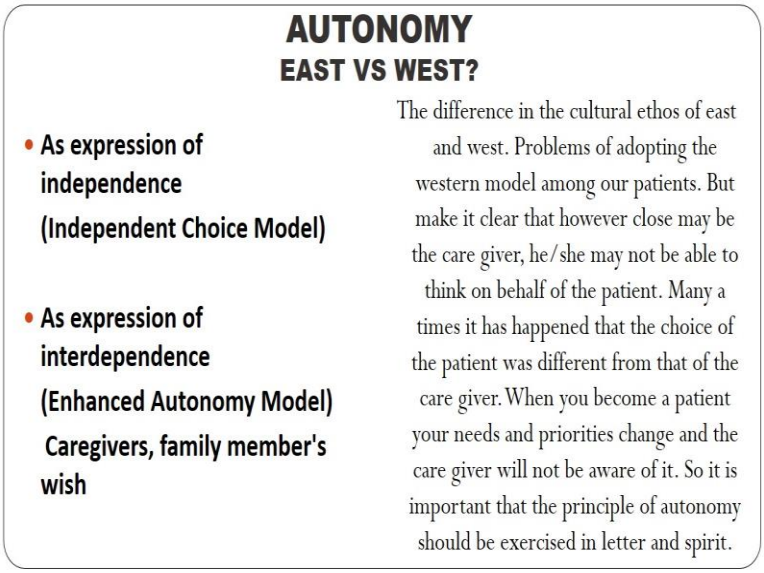

So what is the difference between autonomy in east versus west? In west it is expression of independence, independent choice model where a patient alone will decide the treatment or whatever he wants to undergo take decision about his disease but in our society it is an expression of interdependence where caregiver, family members are also involved. Patient will not take decision alone, he will have discussion with the family member and then it will be decided.

The difference in the cultural ethos of the east and west and problems of adapting the western model among our patient but make it clear that however close may be the caregiver he or she may not be able to think on behalf of patient. So don't take consent of only family member. Patient is even if he decides with the discussion with the family member, patient is the very important member to decide about himself and nobody else can decide on behalf of patient.

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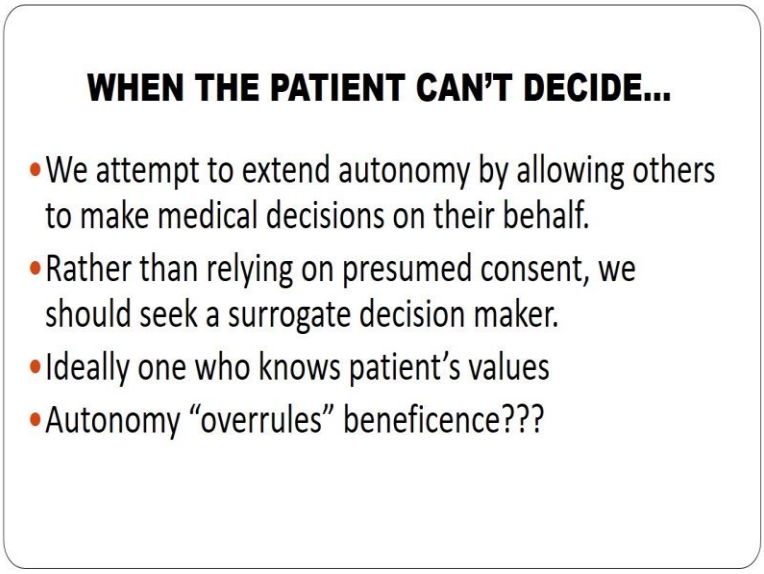

Then the patient cannot decide who will take decision. We attempt to extend autonomy by allowing others to make medical decision on their behalf.

This is extended autonomy rather than relying on the presumed consent we should seek a surrogate decision maker. We should find out from the family somebody who is very

close to patient, related to patient and who can take decision on behalf of patient. Ideally, he should be the one person who knows about patient's value very close to him. Sometime it is friend also who is very close to patient they can take decision. So autonomy overrules beneficence.

So does it mean that autonomy overrules beneficence? No. Here patient is not in condition to take decision either he is semi-conscious or he is mentally very disturbed or he doesn't have much knowledge about the disease and understanding about the treatment then the decision can be taken up by other person.

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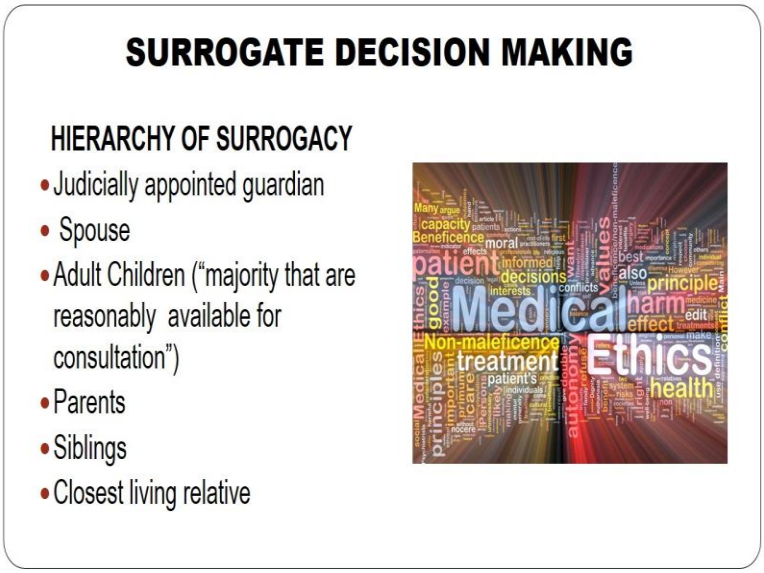

Surrogate decision making the hierarchy of surrogacy is judicially appointed guardian. The surrogate may be a spouse or adult children or parents or siblings or closest living relative. So any of this person can take decision on behalf of patient.

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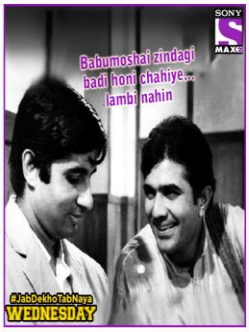
PRESUMED CONSENT

- For life-saving treatments, there is a precedent for presumed consent.
- Beneficence
- Default is to provide life saving treatment



Presumed consent the life-saving treatments there is precedent for presumed consent. In case of emergency and if it is a life-saving measure or some procedure you have to do like if patient is choking for taking off choking and he is not able to breathe and you have to do tracheostomy for life it is a life-saving measure in this it is understood that patient has given consent and you can proceed with the procedure because this is done for beneficence for good of the patient and default is to provide life-saving treatment.

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CASE SCENARIO

Patient not willing for IV fluids WHEREAS Son & Wife insisting for IV fluids

- Autonomy
- Indian culture- respect the wish of family
- Evidence of benefits / Harmful effects of IV fluids
- Non-maleficence
- Principle of justice - TPN

A case scenario where patient is not willing for IV fluids whereas son and wife insist for IV fluid. An advanced stage cancer patient he knows about his disease status he doesn't want IV fluids to continue his life but son and wife insist. Here the autonomy comes in picture you should follow the follow the wish of patient but at the same time because in Indian culture we have to respect the wish of the family.

So you have to show them discuss with them the benefits against the harmful effects of IV fluids with family and with the patient and your intention should be non-maleficent not doing any harm to patient. So principle principles of justice and after all this discussion a decision can be taken whether to give IV fluid or not to give IV. In giving TPN this is highly advanced total parenteral nutrition in terminal patient or an advanced stage cancer patient there is no point in giving totally total parenteral nutrition which is very high technology procedure it requires a insertion of cannula in central vein and diet fluid is given. Based on principle of justice you can decide that this patient should not be given TPN and this can be used for a patient who are curable who are recovering from the surgery and something like that. So this is how the four cardinal principles of ethics can be implied in palliative care setup.

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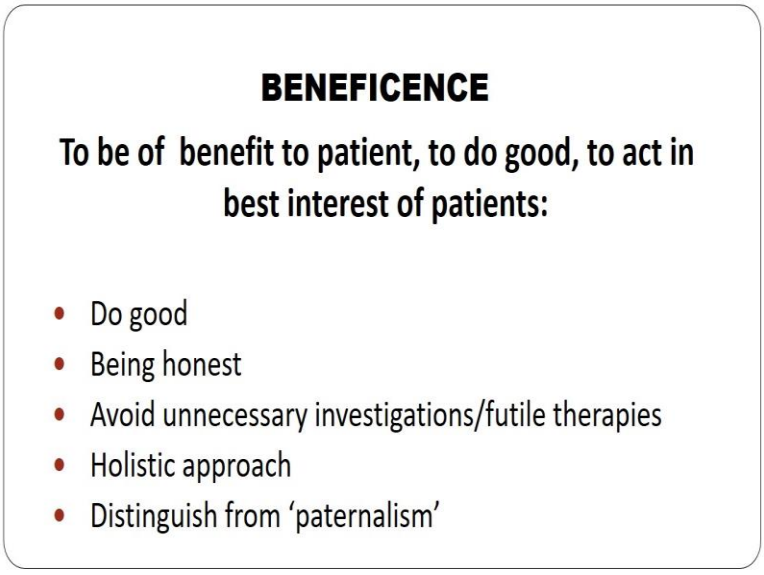

Another is beneficence to be of benefit to patient and to do good to act in best interest of patient. So always do best for the patient you should be honest in your decision avoid unnecessary investigation or futile therapies sometimes this is done in corporate hospitals and all because of the finances matters, but one should avoid futile investigation and futile treatment. Holistic approach always base pros and cons social background patient disease status and many other factors before deciding about the treatment and investigation and distinguish from paternalism. Doctors usually like to do paternalism oh I am there and I have advised you so you have to do it. So this is not the way to act particularly when you are thinking about beneficence of the patient. So always do be very honest and do the best for your patient.

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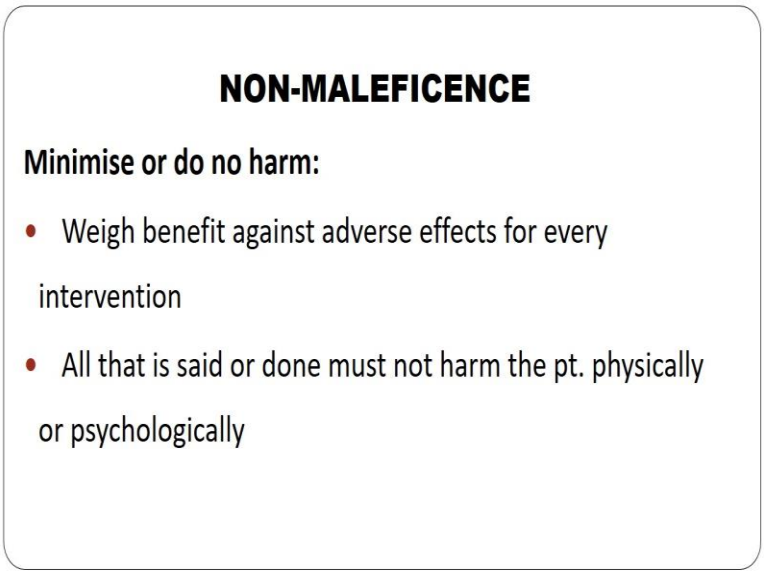

Non-maleficence means minimize do not do any harm to your patient whatever intervention or treatment you select always weigh benefit against its adverse effect and then you decide if a terminal patient very cachex and not the IV access is not there and you want to give fluids or TPN then you have to weigh see the condition of the patient whether he can withstand the central line access or whatever a difficult procedure you want to do. You have to weigh the pros and cons and take decision. All that is said or done must not harm the patient physically and psychologically.

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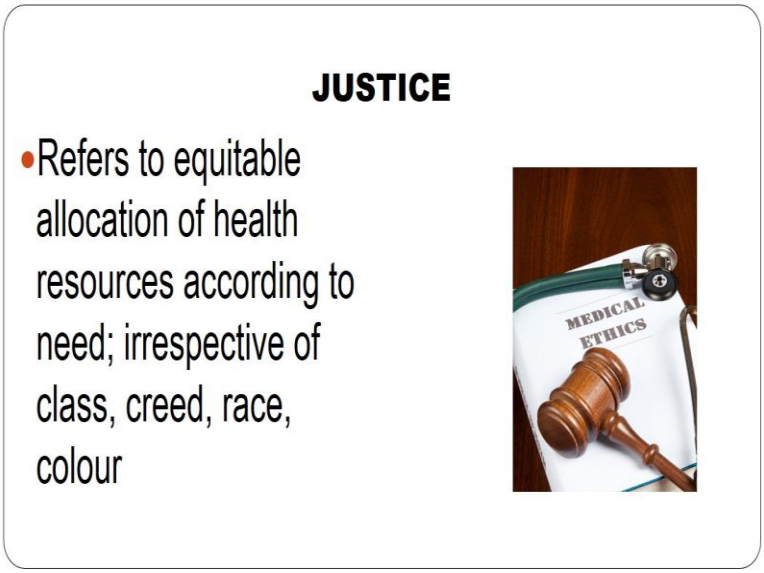

Justice, justice refers to equitable allocation of health resources according to need irrespective of class, creed, race and culture color.

So if a very affluent people rich patient comes to you, you give them sophisticated treatment even if that is not required that is not done as per justice whatever available resources are there, they should be equally distributed.

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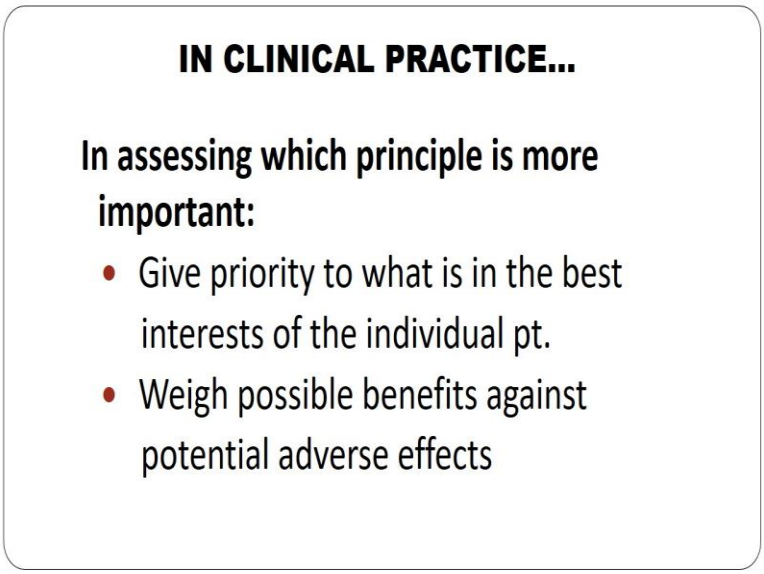

In clinical practice in assessing which principle is more important sometimes these principles are overlapping. So you have to decide which is more important. Give priority to what is the best interest of the individual patient. You have to individualize your treatment and decision.

So for this particular patient this is the best treatment and act accordingly. Weigh possible benefits against potential adverse effect always before deciding you have to weigh the benefits against adverse effect.

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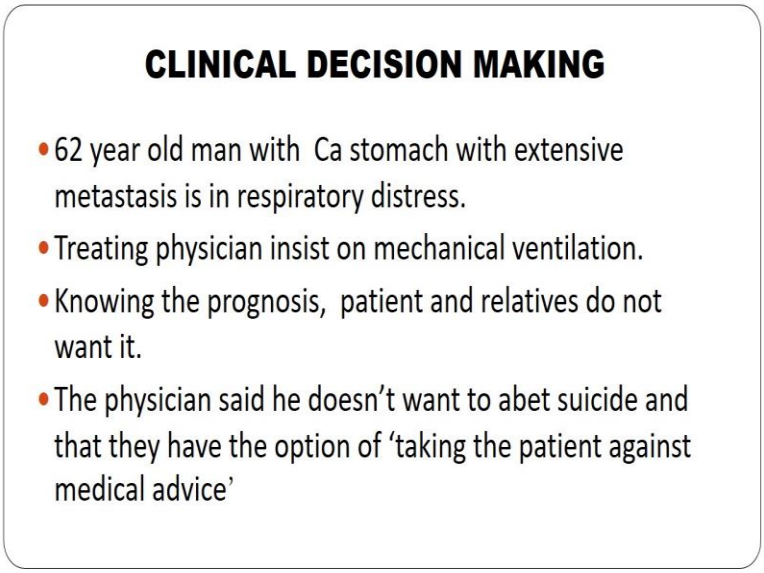

So here is the case scenario for the clinical decision making. A 62 years old man with CA stomach with extensive metastasis is in respiratory distress. He is very dysneic, breathless and respiratory failure.

Treating physician insist on mechanical ventilation. Knowing the prognosis patient and relatives do not want. Most of the time patient and relatives are explained about the status of the disease, about the advanced stage of the disease. So they also understand that we do not want them him to put on oxygen or ventilator. The physician said he does not want to abate suicide and that they have the option of taking the patient against medical advice.

Here physician is adamant. He says if I do not put him on ventilator it will be a suicide killing the patient. So I cannot take such risk and you take the patient against medical advice.

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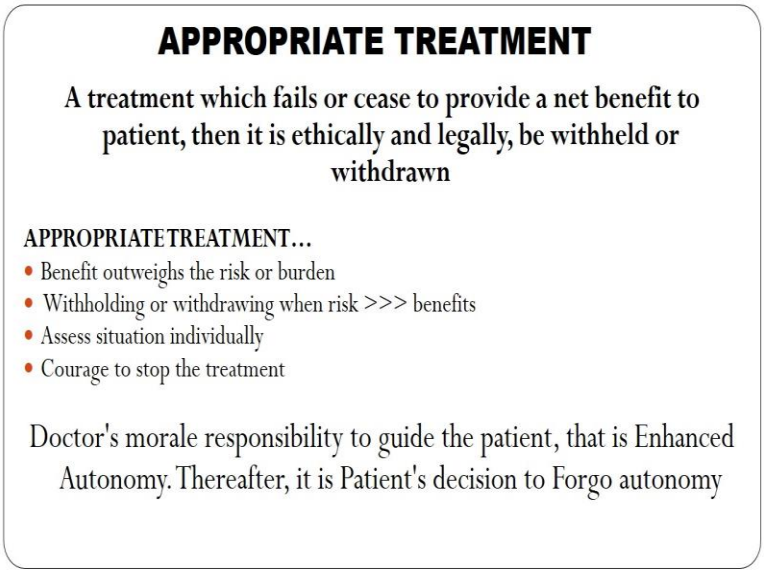

This is not true because physician is abide to give an appropriate treatment. The treatment which fails or cease to provide a net benefit to patient then it is ethically and legally be withheld or withdrawn.

So here the patient is of advanced stage of cancer. He is likely to die anyway. So a physician is not abide by to prolong his life by putting him on ventilator. So the treatment which is not going to be benefit, it is not going to benefit the patient. He is as it is he is likely to die within few days.

So treatment which is not benefit to patient then it is our legal and ethical right, physician's right not to give that treatment. So appropriate treatment is benefit outweighs the risk of or burden. Appropriate treatment is that treatment where there is a more benefit and less risk. Withholding or withdrawing when risk is high, higher than the benefits is can be permitted. Access situation individually for each and every patient you can access the situation and take decision and courage to stop the treatment.

Physician should have courage to stop the treatment even if somebody else has started ventilator and the palliative care physician comes and he finds that this patient does not require ventilator he should have courage to withdraw it that is withdrawing of the treatment and or to stop of the treatment. So doctor's moral responsibility to guide it is our responsibility to guide the patient that is enhance autonomy and it is called enhance autonomy. We have to guide the patient and relative that this treatment is not going to be of any benefit to you. So you we there is no need to go for treatment it is called enhance autonomy and thereafter it is patient decision to forego autonomy. After that if patient decide no still I want ventilator because my son is coming from America and I want him to be alive for two more days and also think such scenario does happen in our society and in that case after taking consent again you can put patient on ventilator.

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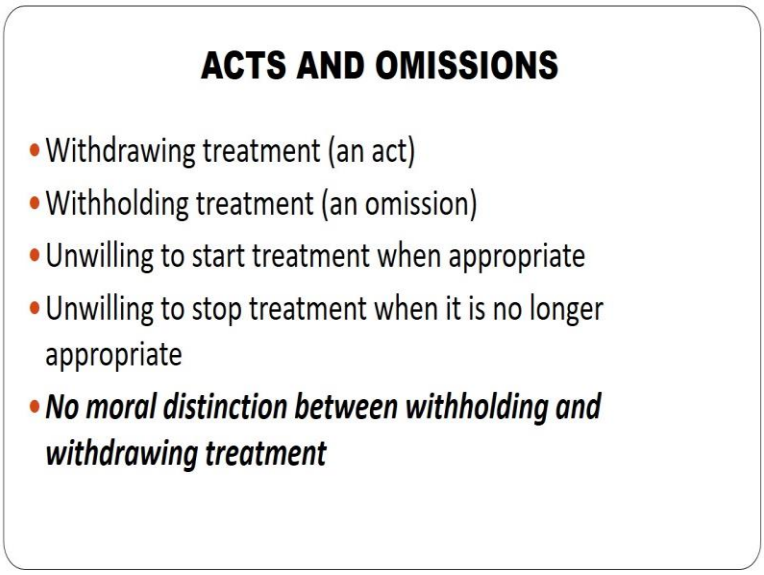

Another is acts and omission where you should act and which acts should be omitted. So withdrawing the treatment is an act. So patient is already put on ventilator you discontinue ventilator that is an act. Withholding treatment not putting the patient on ventilator is an omission. Unwilling to start treatment when appropriate, unwilling to stop treatment when it is no longer appropriate.

So no moral distinction between withholding and withdrawing of the treatment. There is not much distinction between withdrawing and both the acts are almost same.

So a doctor may ask that if I do not put patient on ventilator will not I be punished or some legal action will be taken against me when I had a ICU bed, when I have a ventilator in my setup, patient is breathless, his oxygen is low then should not when I am withholding this treatment will I not be under some legal problem? The answer is no.

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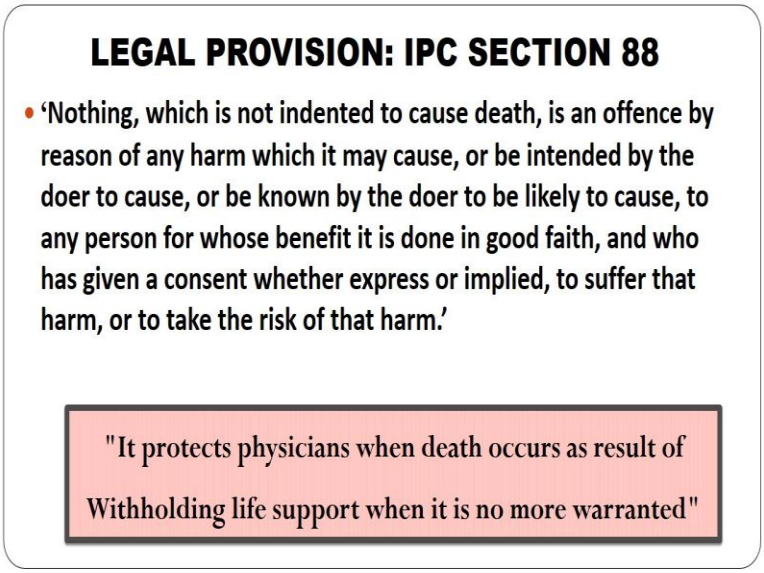

There is a legal provision IPC section 88 under which nothing which is not intended to cause death is an offence by reason of any harm which it may cause or be intended by the doer to cause or be known by the doer to be likely to cause and to any person for whose benefit it is done in good faith and who has given a consent whether expressed or implied to suffer that harm or to take the risk of that harm. So this section IPC section 88 protects physician when death occurs as a result of withholding life support when it is no more warranted.

So here ventilator support was not warranted it is not must and if you are withholding it this section will protect and in spite of that somebody goes into court and you have taken consent and all then in spite of that somebody takes some legal action against a physician

the physician will be protected by this act that this act was done in good faith of the patient since it is a futile treatment it is not going to have a good outcome. So, in that way physician is protected.

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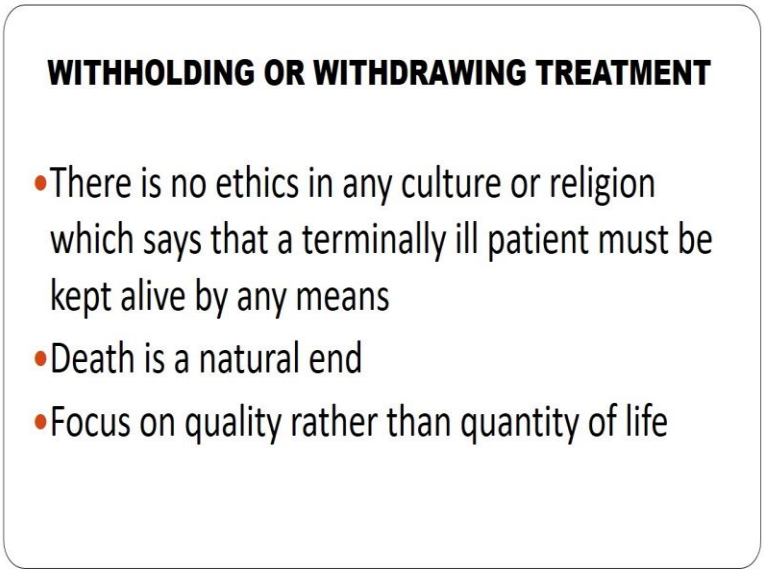

Withholding or withdrawing treatment there is no ethics in any culture or religion which says that a terminally ill patient must be kept alive by any means. So patient who is having incurable cancer, advanced stage of cancer and if you are not putting them on ventilator you have got all the right to do that death is an end allow the patient to die a natural death because death is a natural end and focus on quality rather than quantity of life.

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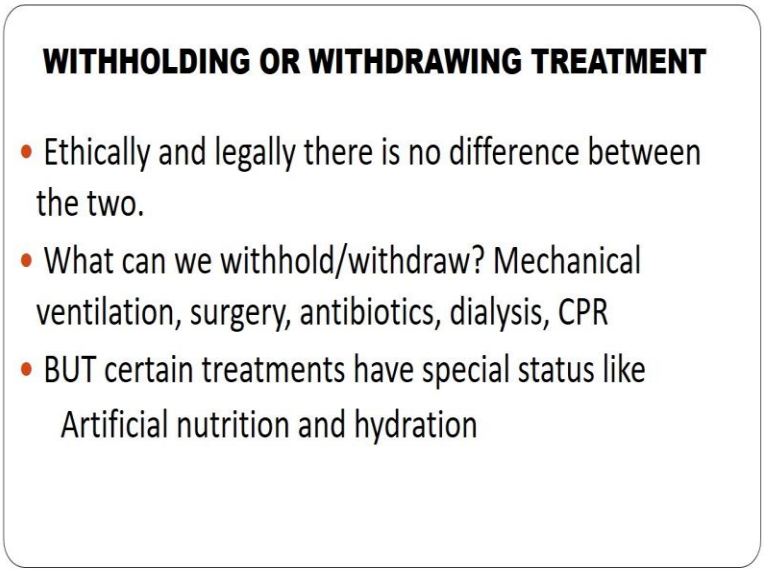

Ethically and illegally there is no difference between withholding and withdrawing of the treatment what can we withhold or withdraw mechanical which are the things we can withdraw or withhold these are mechanical ventilation sometimes surgery. Suppose a patient is having some complication because of the advanced stage of cancer in the stomach the intestine is burst and we prior report shows that it is advanced stage not curable there is no need to go for surgery giving antibiotic and not dialysis CPR all these are the act on part of physician which can be withhold or withdraw but certain treatments have special traits like artificial nutrition and hydration. This also you can withhold or withdraw but this here many much of sentiments are involved relative sentiments are involved their psychology their cultural background is ignored that a patient who is dying should be able to take something should be given water should be able to eat till last moment and all such things are involved or not eating or not taking water is leads to death all such concepts are there that is why such decision can be taken by physician with the consent of patient and relative.

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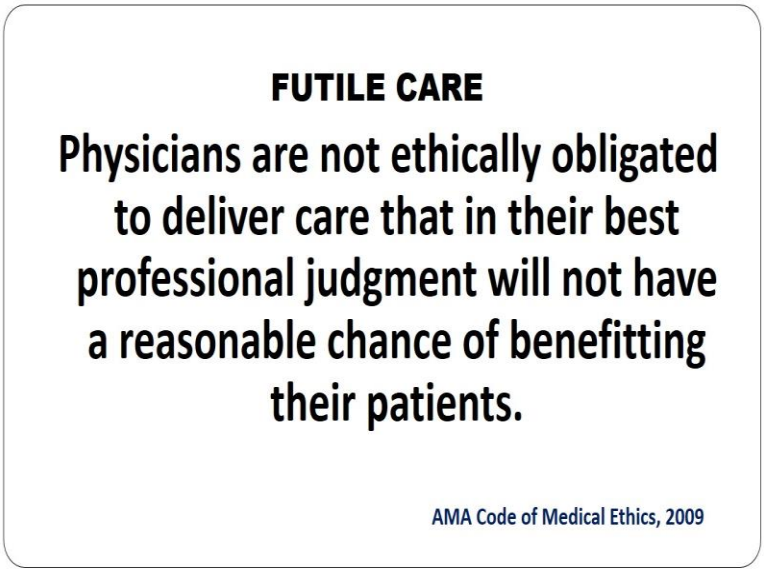

There is a word futile care in medical setup. So physicians are not ethically obligated to deliver care that is in their best professional judgment will not have a reasonable chance of benefiting their patient. So it is physician's right we are not obliged to put each and every patient on ventilator or give them oxygen or put them in ICU. It is our choice our judgment which will decide that this patient need not be put into the ICU in and here the allocation of resources that ethical principle comes in the picture that this ICU bed can be kept for another person who is likely to get cured a trauma person who if he is given ICU care he may be come out will have a good outcome. So it is physicals, a physician's right that he did not give treatment which is not going to benefit the patient.

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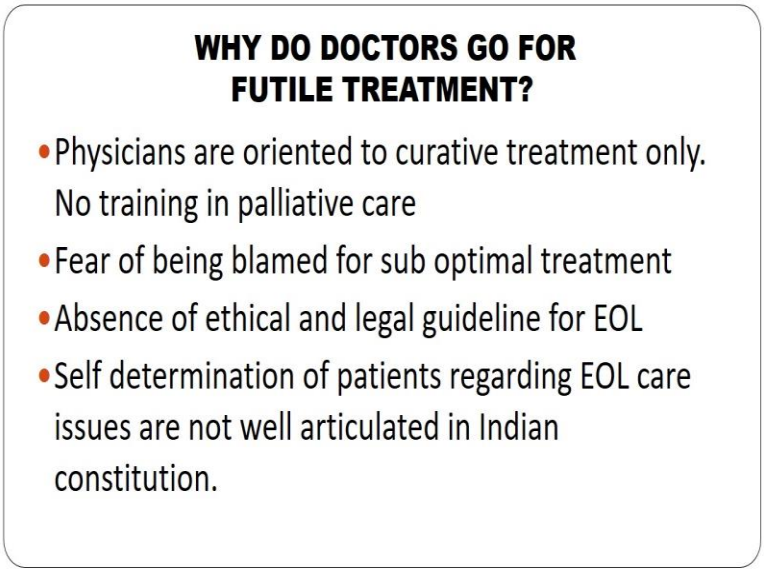

Why do doctors go for futile treatment still in many nursing homes or corporate sectors you will see patients terminal patients put on ventilator in ICU in many for many days and so physicians are oriented to curative treatment only no training in palliative care this is very very true.

Palliative care is not taught in MBBS curriculum we are always focus on the curative treatment and death is considered as a medical failure not a natural process because of this we are taught as a my basic training is in anesthesia and then I change over to palliative care. So as a anesthetist I was taught whenever patient goes into cardiac arrest you have to go do CPR and revive the patient put him endotracheal tube and put him on ventilator and all that. After coming to palliative care I realize that this is not always required particularly when the patient is suffering from advanced stage of the disease it is not always required and allow him to die naturally.

Fear of being blame or suboptimal treatment fear of being blame by sometimes superiors sometimes legal action sometimes group of people NGOs etc. Absence of ethical and legal guideline for end of life care in our setup there is no clear guideline still DNR is not legalized do not resuscitate is not legalized.

So such a loopholes are there in our medical practice. Self-determination of patients regarding end of life care issues are not well articulated in Indian constitution. See recently that advance directive has been clarified in our legal formats and one can do advance direct give advance directing regarding his end of life care, but such things are still not clear in our constitution.

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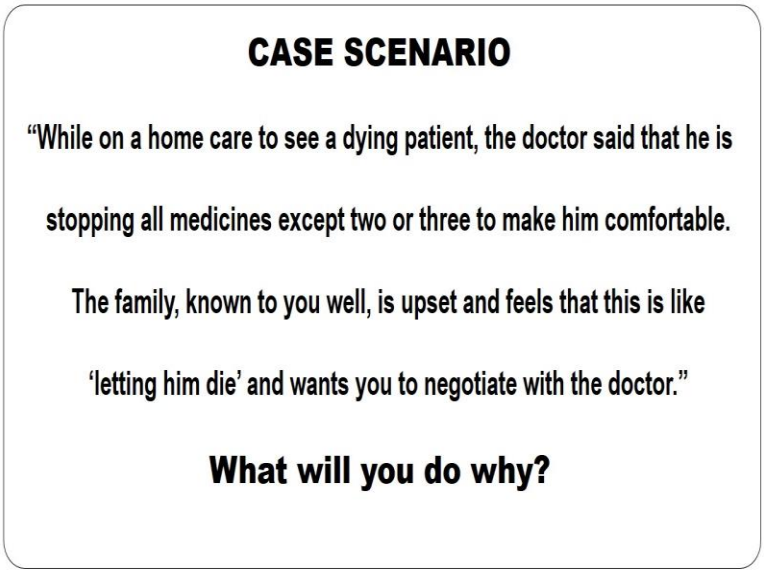

Another case scenario while on home care to see a dying patient the doctor said that he is stopping all medicine except two or three to make him comfortable.

He must be a palliative care physician. The family known to you well is upset and feels that this is like letting him die and wants you to negotiate with the doctor what will you do why. So sometimes even family are not much aware and educated that when doctor says this medicine this is futile treatment we want to stop it they feel they are killing our patient.

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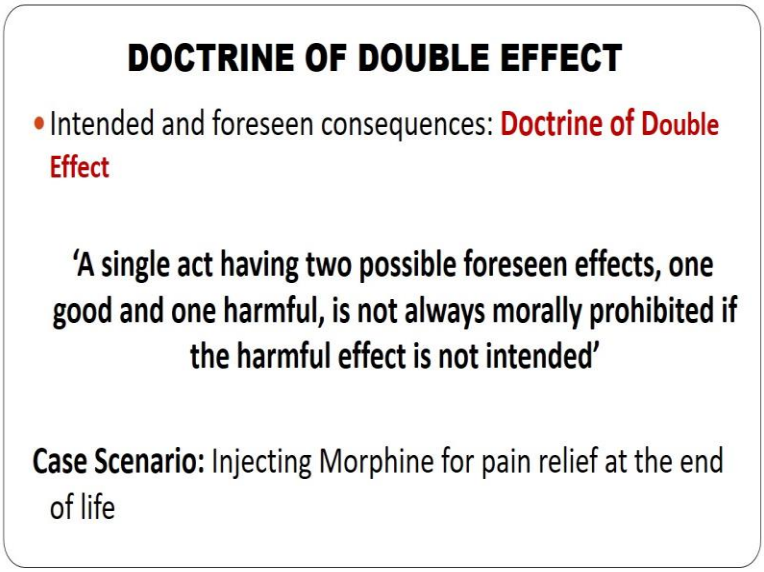

Another principle which is relevant in background of this four cardinal ethical principles is doctrine of double effect that is intended and foreseen consequences that is doctrine of double effects. It is a single act having two possible foreseen effects one good effect and one is harmful effect is not always morally prohibited if the harmful effect is not indebted. So I will give you the example of like injecting morphine for pain relief at the end of life when patient is almost terminal gasping last few hours of life, but he is in severe pain, he is agitated, he is in delirium at that time you inject morphine for pain management and to relieve delirium and patient becomes calm, quiet, sedated and he may passed away in during this phase of sedation.

So here there are two possible foreseen effect one is good he got pain relief, but other is he passed away in sleep. So still this type of act is allowed it is legal and this is called doctrine of double effect. The first effect was intended your intention was to relieve the pain of the patient making quiet relieve his delirium, but inadvertently the second effect also came and patients relative sometime think it is because of this injection patient died. No, beforehand only you have to explain the relative take the consent and then give injection. So, second effect was not intended it happened and it is allowed that is a doctrine of double effect.

The treatment is at least neutral, but may have negative consequences. Your treatment is proper good for good of patient, but may have negative consequences you intend the positive outcome, but the fore, foreseen negative consequences may be unavoidable in such situation patient may die because he is already in terminal phase he is almost dying.

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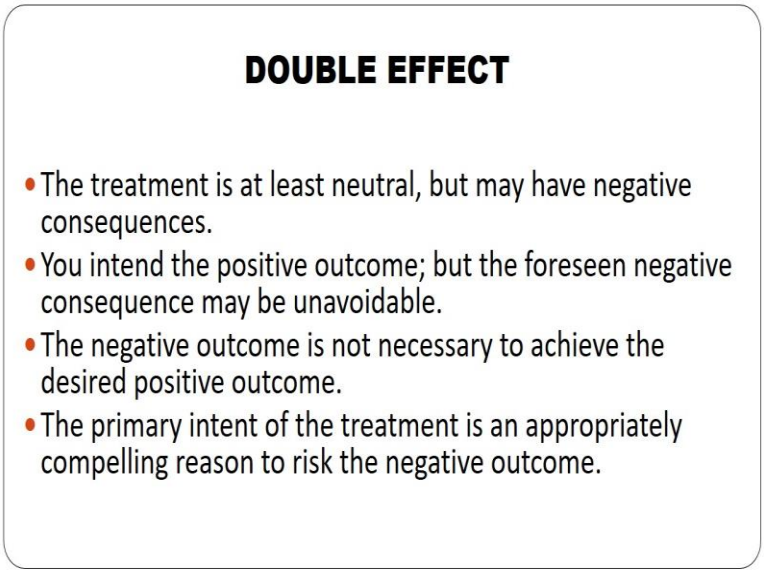

The negative outcome is not necessary to achieve the desired positive outcome and the primary intent of treatment is an appropriately compelling reason to risk the negative outcome.

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LEGAL PROVISION: IPC SECTION 81

'Nothing is an offence merely by reason of its being done with the knowledge that it is likely to cause harm, if it be done without any criminal intention to cause harm, and is in good faith for the purpose preventing or avoiding other harm to person or property.'

So in legal provision there is a legal provision for this doctrine of double effect nothing is an offence merely by reason of its being done with the knowledge then it is likely to cause harm.

So, we know that while giving morphine he may die, but this offence it is not offence because we knew that it is going to be die, but it was not intended. If it is be done without any criminal intention to cause harm and is in good faith for the purpose preventing or avoiding other harm to person or property.

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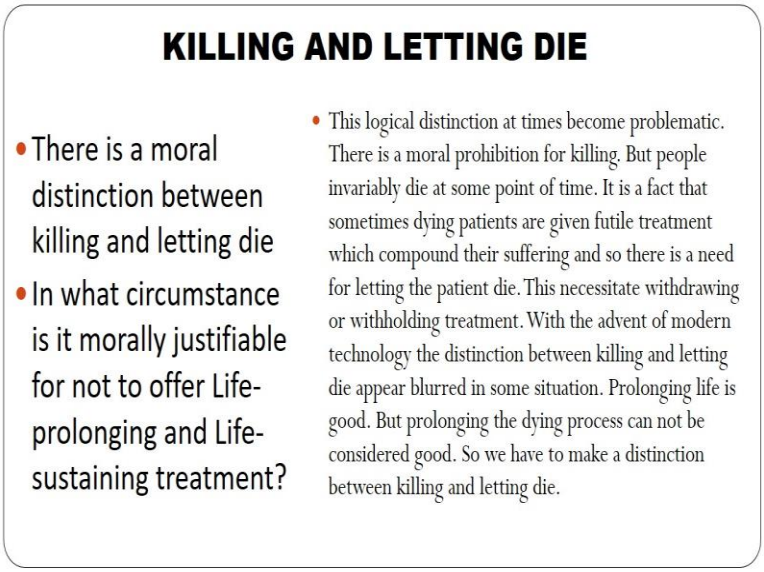

Killing and letting die are two different things killing is done intentionally and allow him to die is a natural giving him natural death.

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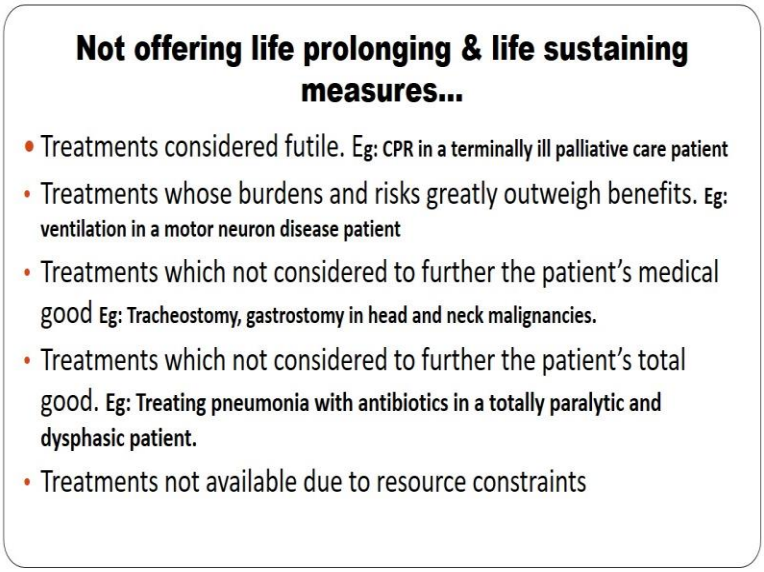

Not offering life prolonging and life sustaining measures this we already discussed that by not giving such measures in advanced age patient physician is protected because he is he can take decision whether this treatment is good for the patient or not. Secondly, he

can take decision that this whatever treatment is going to give his futile and he can withhold the futile treatment.

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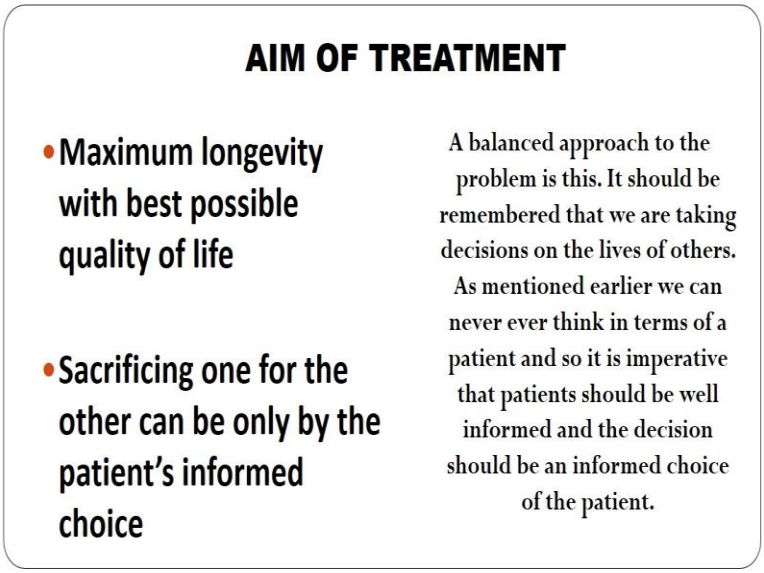

So aim of treatment maximum longevity with best possible quality of life. You don't want a disabled patient, bedridden patient, semi-conscious patient to prolong his life. Sacrificing one for the other can be only by patient's informed choice. In spite of that if patient wants something else then you have to inform the patient take the consent and then carry on with that treatment.

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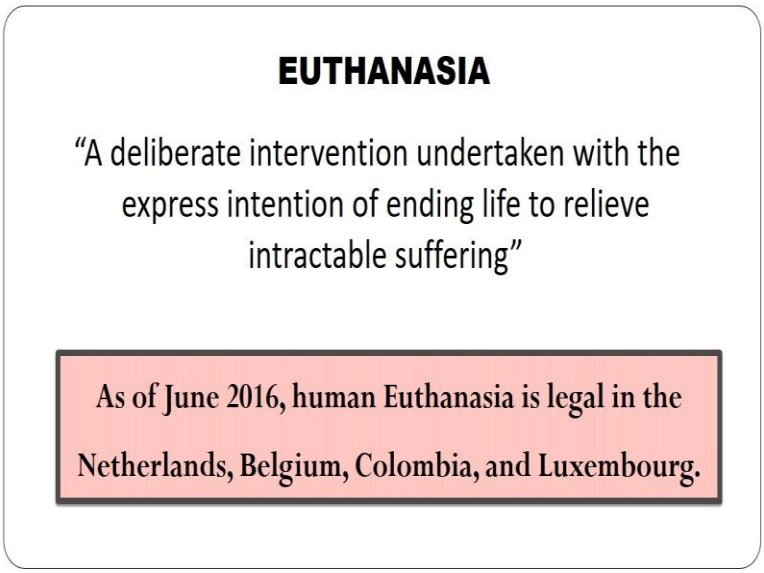

Euthanasia there is going to be a separate lecture on it. So not, I am not going much in detail, but it is a deliberate intervention undertaken with the expression intention of ending the life to relieve the intractable suffering and it is legal in few countries, but in India it is not legalized.

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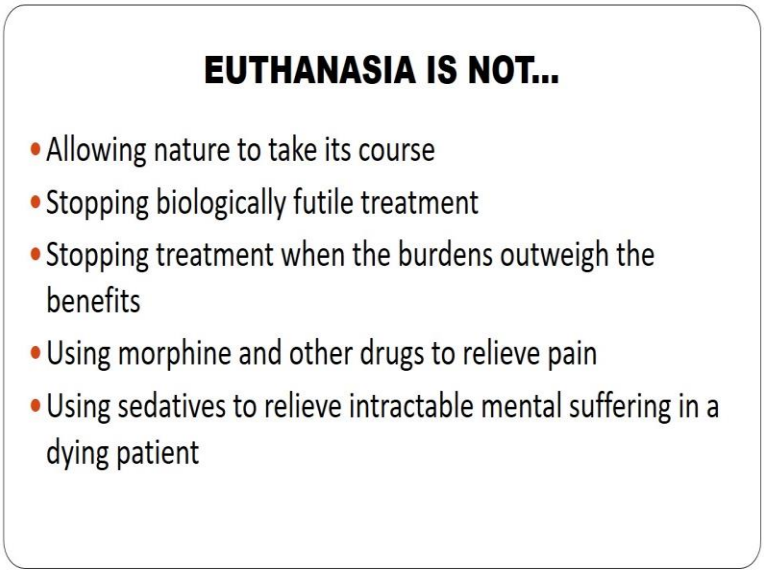

So euthanasia is not the natural death. It is not stopping the biologically futile treatment and not stopping a treatment when burdens over weigh the benefits.

Euthanasia is not when you are using morphine or other drug to relieve pain. Euthanasia it is not euthanasia when sedatives are given for intractable mental suffering agitated patient in a dying patient.

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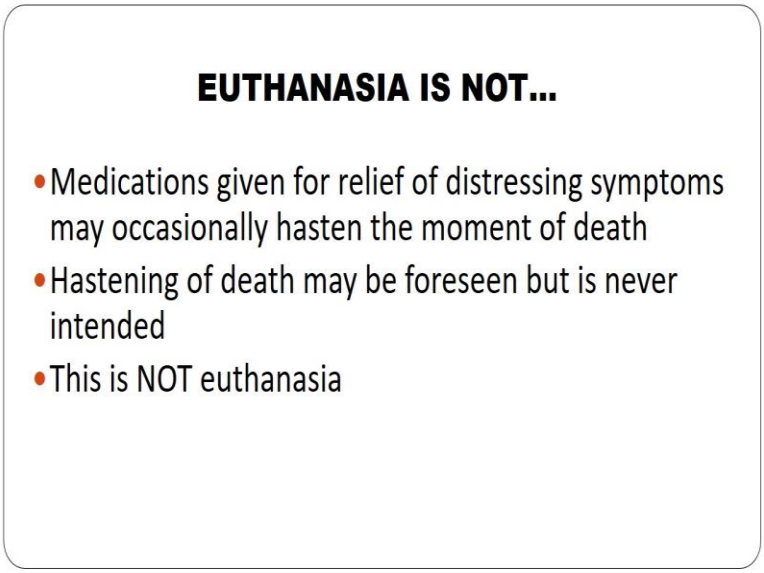

So it is not euthanasia when you are giving medication for relief of distressing symptoms and may occasionally hasten the movement of death and it is not euthanasia when hastening of death may be foreseen, but is never intended. This is not euthanasia.

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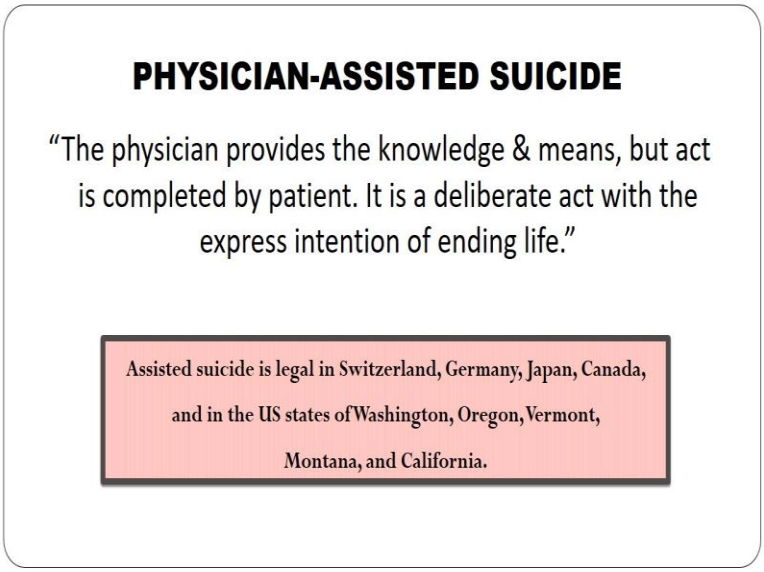

Physician assisted suicide where patient asks for certain drugs to end his life and physician provides a knowledge and means, but act is completed by patient. Then also it is called physician assisted suicide and it is a deliberate act with the expression intention of ending life.

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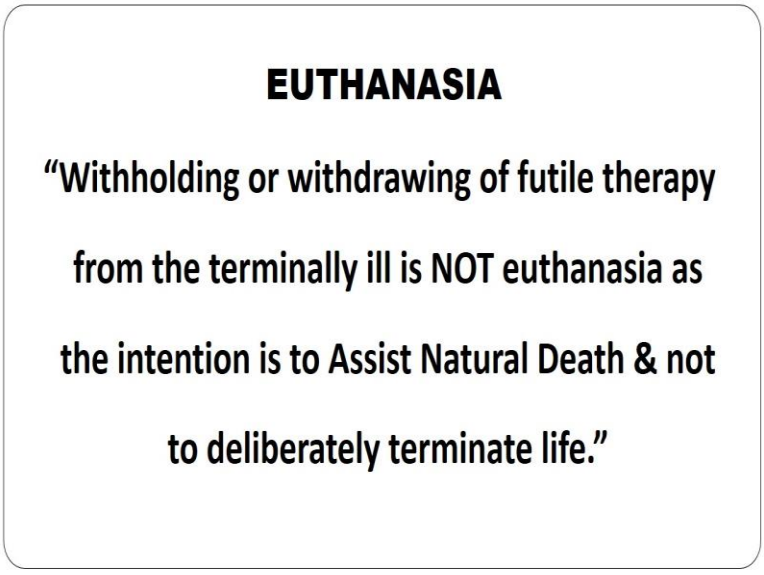

So withholding or withdrawing the futile therapy in terminally ill patient is not euthanasia. It is an assistant to the natural death and not to deliberately to terminate life.

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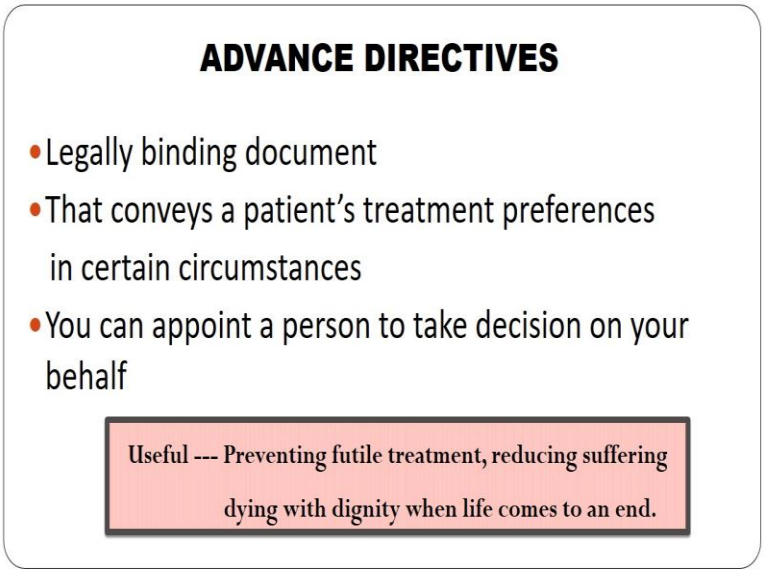

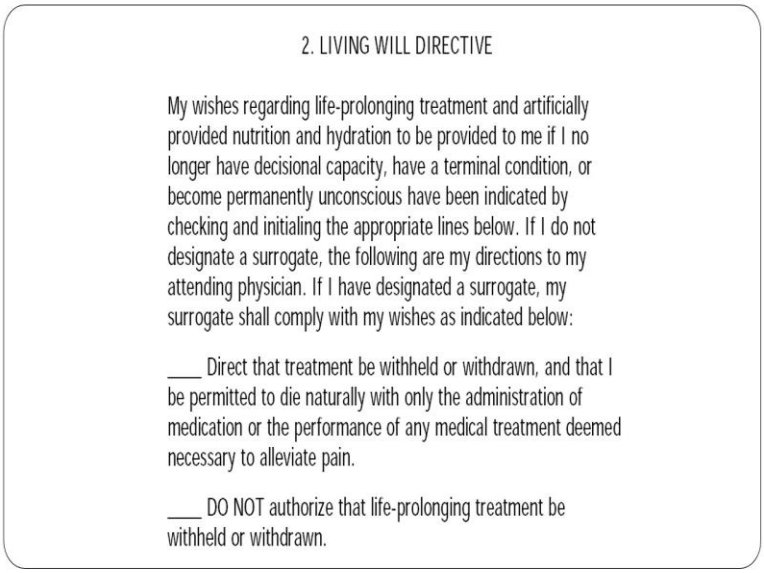

Advanced directive again we are going to have a lecture on it.

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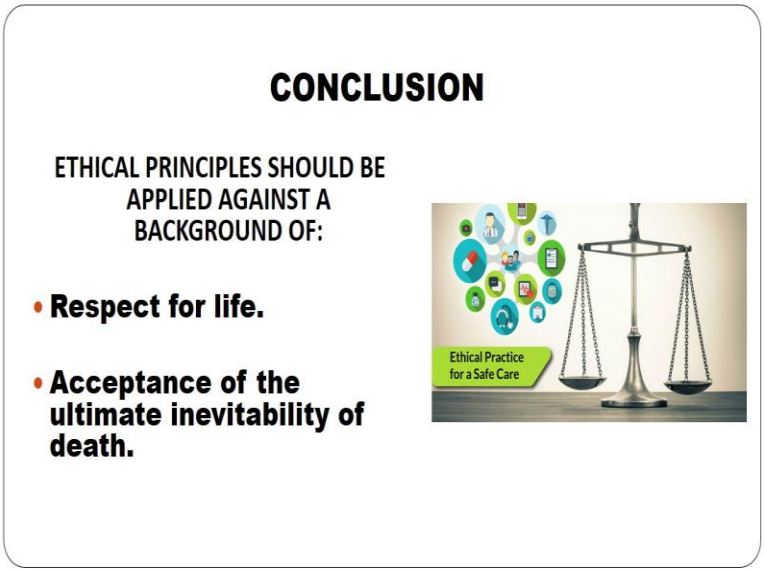

So, in conclusion ethical principles should be applied against a background of respect for life and acceptance of ultimate inevitability of death. So after all to give a good life, good quality of life and good death. Thank you very much. Thank you.