Daniel Ulate Gómez, MD
dulateg@hotmail.com

34 – Euthanasia and Other End-of-Life Decisions in General Practice

Daniel Ulate Gómez, MD
Specialist in Family and Community Medicine
Master Degree in Palliative Medicine
National Center for Pain Control and Palliative Care, Caja Costarricense de Seguro Social
Professor of Postgraduate, University of Costa Rica
Member of Medfamcom

The family physician should know how to discuss with patients about end-of-life decisions, because one of the principles of Family Medicine refers to continuity of care throughout the life cycle (McWhinney, 1981). All people, but especially the elderly and patients who present with a terminal illness, have the right to express and manifest ceasing their advance directives in relation to the end of their life (Old, 2008). In many countries there is already legislation in place, which regulates the application of a so-called living will in health systems. A law project is currently being discussed In Costa Rica by the Parliament, which aims to regulate medical practice around this subject.

In clinical practice, we must respect the ethical principle of autonomy, which says that the patient has the right to decide on matters related to their life and health (Crane et al, 2005). Hence any procedure or intervention that we make to our patients, must ask informed consent. This is an act in which we inform the person the details of the intervention will be done with it, must be in writing and must include a clear description of the process and the risks and potential benefits. In addition, the doctors should talk to their patient clearly and in language appropriate to their social and educational level, providing space for questions and remembering that the decision can be changed at any time (Searight et Gafford, 2005). Here ethical principles of beneficence and non-maleficence become relevant, which establish the right of individuals to interventions that are made to obtain a beneficial effect for their health and / or quality of life and also to not cause them harm.

When speaking of euthanasia, it is important to define other concepts that are often confused, which are orthothanasia and dysthanasia. Dysthanasia is the term used to refer to those interventions that do not consider the proportionality of a treatment or procedure regarding prognosis and functionality of the patient, so that could be detrimental to the quality of life of the patient or produce a phenomenon known as therapeutic obstinacy, which involves making treatment measures to prolong life irrespective of the presence of a natural and irreversible process (Avila Funes, 2016). On the other hand, there is the concept of euthanasia, which refers to acts or omissions whose aim directly cause death to the person, with the justification to avoid a life of suffering (AMA, 2016). Finally there is the term of orthothanasia, which appears to be closely linked to the practice of palliative care; its purpose is to do interventions aimed at improving the quality of life by controlling pain and other symptoms that may create a suffering individual, but it does not prolong or shorten

life (Avila Funes, 2016).

Having clarified the concepts that doctors must know when monitoring patients until the end-of-life, we can talk about the decision making. The World Health Organization has stated a number of principles governing the practice of palliative care, which we must incorporate into Family Medicine when we make decisions with our patients approaching the end-of- life. One of these principles speaks about respect for life, hence from this point of view, it would be wrong to consider euthanasia as an option. Another basic principle of palliative care says the goal of the interventions is to improve the quality of life, not shorten or prolong life; therefore it is against euthanasia and dysthanasia and proposes orthothanasia as the most appropriate option (OMS, 2016). On the other hand, those who defend the practice of euthanasia mention respect for the ethical principle of autonomy, justifying that the individual has the right to decide when and how to end his / or her life. However, when it comes to euthanasia we must take into consideration the legal aspects of each nation and that in some countries it is sanctioned and in others not permitted.

The general practitioner has to take into consideration the factors involved when discussing the decisions at the end-of-life with patients and caregivers; factors specific to the professional (own position), patient factors (own position and position of the family and / or caregiver) and environmental factors (national laws and regulations of the health system) (Ngo-Metzger et al, 2008). The recommendation is that when making decisions regarding interventions at the end-of-life, it is to be made through a process of open and honest communication with the patient and family (Crane et al, 2005); also when there is doubt regarding the correct procedure we must talk to the Bioethics Committee in this process, as an advisory body of health centres to regulate health practices based on current ethical principles.

Take Home Message

- The family physician should know how to discuss with patients about end-of-life decisions.
- Any procedure or intervention that we make to our patients, must ask informed consent.
- Euthanasia refers to acts or omissions whose aim directly cause death to the person, with the justification to avoid a life of suffering.
- The purpose of orthothanasia is to do interventions aimed at improving the quality of life but it does not prolong or shorten life.
- When making decisions regarding interventions at the end-of-life, it is to be made through a process of open and honest communication with the patient and family.

Original Abstract

http://www.woncaeurope.org/content/ab467-%C2%A0-%C2%A0-%C2%A0-%C2%A0-euthanasia-and-other-end-life-decisions-general-practice

References

- McWhinney, I. An Introduction to Family Medicine. Oxford University Press. 1981.
- Old, J. Discussing end-of-life care whith your patients. American Academy of Family Physicians. 2008.
- Ngo-Metzger, Q; August, K; Srinivasan, M; Liao, S; Meyskens, F. End-of-life care: Guidelines for Patient-Centered Communication. American Family Physician. 2008, 77: 2.
- Crane, M; Wittink, M; Doukas, D. Respecting end-of-life treatment preferences. Am Fam Phys. 2005, 72: 7.
- Searight, R; Gafford, J. Cultural Diversity at the End of Life: Issues and Guidelines for Family Physicians. American Family Physician. 2005, 71:3.
- AMA Policy on End-of-Life Care. Downloaded on July 7, 2016 from http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/about-ethics-group/ethics-resource-center/end-of-life-care/ama-policy-end-of-life-care.page?
- Avila Funes, J. Eutanasia, Ortotanasia y Distanasia. Downloaded on July 7, 2016 from http://www.innsz.mx/descargas/investigacion/EutanasiaOrtotanasiayDistanasia.pdf
- OMS. Cuidados paliativos. Downloaded on July 7, 2016 from http://www.who.int/cancer/palliative/es/