

Ethical Issues In Palliative Care

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Problem Areas

- Achieving a “good death”
- Withholding and withdrawing treatment
eg Feeding & Hydration

Who's problem is it anyhow ?

- Patient
- Family
- Doctor
- Multidisciplinary Team
- Society



Ethical Issues

- Lord Joffe's Bill
- Coroners Act
- Assisted Suicide Private Members Bill
Scotland
- DPP Guidance on Assisted Suicide
- RCN neutral on assisted suicide
- Concerns re Care Pathway for Dying

Ethical Issues

- 47 year old lady
- Prognosis days
- Hoping to get better
- Severe pain
- Only relieved by high dose opioids
- Respiratory rate 10/
min



The Law

- Killing unlawful
- Assisting suicide unlawful
- High profile cases not prosecuted
- Review of assisted suicide prosecution guidance



Mental Capacity Act

- Advanced statements
- Healthcare advocate



Human Rights Act 1998,
2 October 2000...

Right to life (Article 2),

Human Rights Act 1998, 2 October 2000...

... to be free from inhuman or degrading treatment (Article 3),

RIGHTS IN HEALTHCARE

- To life
- Not to have pain or bodily injury inflicted
- Not to be deceived
- To confidentiality
- To be aided in times of need
- To decisional authority
- To be treated with respect

Think, Will, Act - Self-Rule
Gillen 1985

Double Effect

R. vs. Bodkin Adams 1952

“Doctor entitled to do all that was proper and necessary to relieve suffering of his patient even if the measures used had the effect of incidentally shortening that patients life”. *Devlin*

Double Effect

- Serious matter
- No alternative
- Good effect is the one intended
- Bad effect foreseen but not intended
- Bad effect must be limited as far as possible
- The good effect must outweigh the bad effect

Double effect

- Can one foresee but not intend?
- Can be easily used to mask direct intention to kill
- Some regard this as euthanasia

Barriers to Opioid Use

- Increasing opioids as necessary to control pain at end of life does not shorten life.

Thorns & Sykes Lancet 2000

*Porteney et al Journal of Pain & Sympt
Management 2006*

Ethical Issues



- 60 year old lady
- Advanced Parkinson's
- Dysphagia
- Admitted for PEG;
- GI bleed
- Central line feeding
- PEG failed
- ??Where now

Withholding Treatment

- “Refrain from putting into action”
- Implies something could /should be done
- Artificial Hydration/Nutrition
- CPR
- Antibiotics
- Benefits/ burdens
- **If intent is to cause death is this euthanasia?**

Withholding/ withdrawing treatment

- Legally the same
- Ethically the same?
- Easier to withhold than withdraw
- Decisions to do either must be carefully considered
- What is the intent of not treating?
- Do you need a legal opinion ?

If there comes a stage where the responsible doctor comes to the reasonable conclusion that further continuation of life support system is not in the best interest of the patient, he can no longer lawfully continue the life support system, to do so would constitute the crime of battery and the tort of trespass to the patient.

Lord Browne Wilkinson 1993

BMA & GMC Guidance on Hydration & Nutrition

- Outcome uncertain
- Death imminent
- Death imminent
- Prognosis poor
- Trial of artificial H&N
- Do not use H&N
- May withdraw H&N
- H & N too burdensome

Doctor does not have to offer or discuss, a treatment which in the doctors opinion, has no perceived benefit, or where burden > benefit.

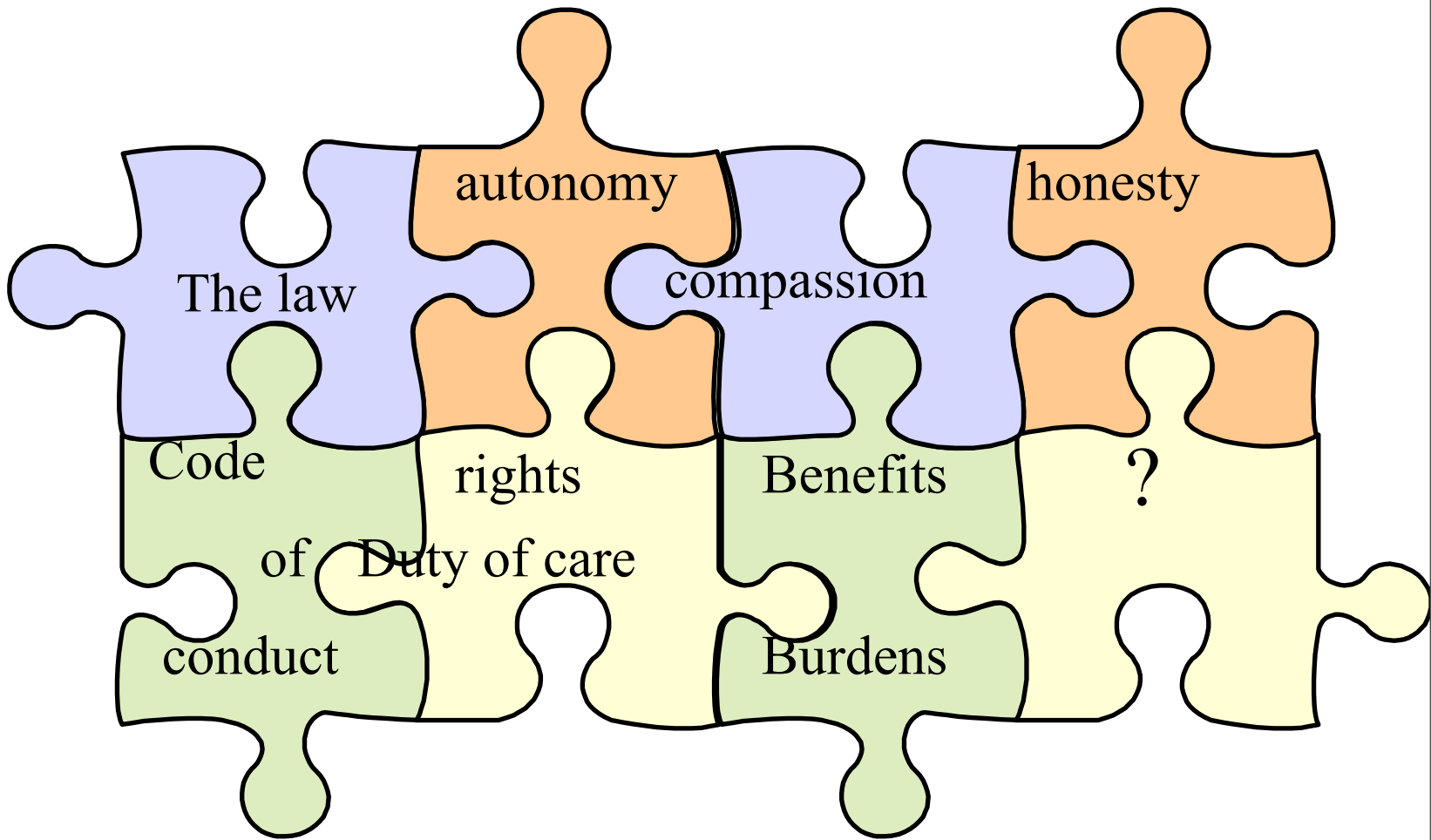
Saunders; Clinical Medicine Dec. 2001

Physiological
chance

Normative futility
Incorporates value judgements
e.g. quality of life

Deciding not to give artificial hydration or nutrition

- ?Secretions /peripheral oedema present
- Can patient take any oral food or drink? (sips/ lollypops/ teaspoon/sponge)
- Should SC fluids be considered?
- Mouth care important but may be difficult
- SUPPORT FOR PARENTS /RELATIVES
- SUPPORT FOR TEAM MEMBERS
- Always be prepared to review decision



The law

autonomy

compassion

honesty

Code

rights

Benefits

?

of

Duty of care

conduct

Burdens