HEADLINES IN PALLIATIVE CARE

BASIC PRINCIPLES OF ETHICS

AUTONOMY recognizes the right and ability of an individual to decide for himself or herself based on his or her own values, beliefs and life span. This implies that the patient may choose a treatment that might differ from the advised course of care. The patient's decision should be informed and well-considered, reflecting his/her values.

BENEFICENCE requires that the physician prevent or remove harm, while doing or promoting good. It implies that the health care team should do positive acts in maximizing the benefits of treatment.

NON-MALEFICENCE requires that a physician "do no harm."

JUSTICE relates to fairness in the application of care. It implies that patients receive care to which they are entitled medically and legally. Justice can be translated into "give to each equally" or "to each according to need" or to "each his due."

WHEN PALLIATIVE CARE, LAW AND ETHICS COLLIDE............

SUICIDE: to choose, act, or fail to act, so as to intentionally cause one’s own death. Suicide is legal in Canada. Intentionally aiming to end one’s life by withholding care can be legal and ethical and intentionally asking for, or assisting another to, withdraw life-sustaining treatment can be legal and ethical.

ASSISTED SUICIDE: Intentionally giving a patient the means to end his of her life (e.g. prescription and direction). Assisted suicide is illegal in Canada under section 241 of Criminal Code: one who counsels, aids, abets suicide attempt of another is “guilty of an indictable offence”.

Sue Rodriguez – Supreme Court 1993
Gloria Taylor- Supreme Court 2011, 2013, 2014
Quebec- Bill 52 outlines the legalization of assisted suicide and voluntary euthanasia, to be passed in 2014?

WITHDRAWAL/WITHOLDING OF CARE: Withdrawing of treatment (including hydration and nutrition) and withholding of treatment are legally issues of consent and not suicide. Proper consent procedures (voluntary, informed, capable) are paramount. The legality of withdrawing care in patients who do not consent to the withdrawal is being debated in court, but it appears that physicians may not withdraw life supporting care without consent.

Hassan Rasouli- Supreme Court 2011, 2013
The Court held that:

- medical "treatment" and "health related purpose" as defined under the Ontario legislation are not limited to procedures which are of a medical benefit in the view of the patient’s medical caregivers. The Court gave these terms a very broad interpretation;
• withdrawal of life support qualifies as "treatment" in the same legislation and thus requires consent, but this does not mean that consent is required under the HCCA for withdrawal of other medical services or in other medical contexts. Therefore while "treatment" is not limited to positive acts, not all withdrawals of medical services will be "treatment" requiring consent. There was no further guidance on this issue; and
• a physician must respect the decision of the patient, of the SDM or of the Board despite the ethical dilemmas they may consider they are in regarding end of life care and what they believe to be in the best interests of the patient. A physician will not be held liable for complying with the direction of the Board any more than he or she would be if they were directed to do something by a court.

INTERESTING ARTICLES........

What do Canadians think of advanced care planning? Findings from an online opinion poll.

Assessing decision-making capacity at end of life.

Undetected cognitive impairment and decision-making capacity in patients receiving hospice care.

INTERESTING MOVIES........

I AM BREATHING: A documentary following a young man with ALS
http://www.iambreathing.com/

A WILL OF THE WOODS: A documentary about a man who pursues a natural burial
http://www.awillforthewoods.com/