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Definition of End of Life Decisions and Clinical Practice

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CENTRO
PER LO STUDIO
E LA PREVENZIONE
ONCOLOGICA

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Different perspectives on end-of-life medical decisions

- Clinical practice
- Epidemiological perspective
- Other perspectives (ethical, legal, good practice)

Clinical practice

“Beyond the **complexity** of decision making based on medical facts is the enormous **emotional burden** these decisions carry.”

The epidemiological perspective

“If we look not just at [the health of] individuals but at data for whole societies or at differences between groups within the population, the chanciness of individual situations balances out **to reveal wider and more reliable patterns and relationship**”

R. Wilkinson. The impact of inequality. How to make sick societies healthier. The New Press, New York 2005

1. Focus on ELD

“End of Life Decision indicates all decisions made by a physician, with the intention of shortening the patient’s life, or knowing that this decision may have a potentially **life-shortening effect**. This include the use of drugs as well as decisions no to attempt to prolong life”

2. A view from nowhere?

- value-laden terms avoided for research purposes
- but choices are to be made

e.g for non treatment decisions:

“let nature take its course, even if the patient dies” (*Euronic study*)

VS

“taking into account the probability or certainty that this act would hasten the end of the patient's life” (*Eureld study*)

3. Main dimensions of ELD

- The **act** of the physician (administering drugs, forgoing treatments)
- The **intention** of the physician concerning the life-shortening effect (explicitly/partly intended, only taken into account)
- The **involvement of the patient** (actively involved in the decision making process or not)
- Other characteristics are needed for the epidemiological description of ELDs (life-shortening effect, motives, symptoms)

4. Definitions of ELDs

Euthanasia: the administration of drugs with the explicit intention to end life at explicit request of the patient

Physician assisted suicide: the prescription or supply of drugs with the explicit intention to enable the patient to end his life at explicit request of the patient

Ending life without an explicit patient request: the administration of drugs with the explicit intention to end life without an explicit request of the patient

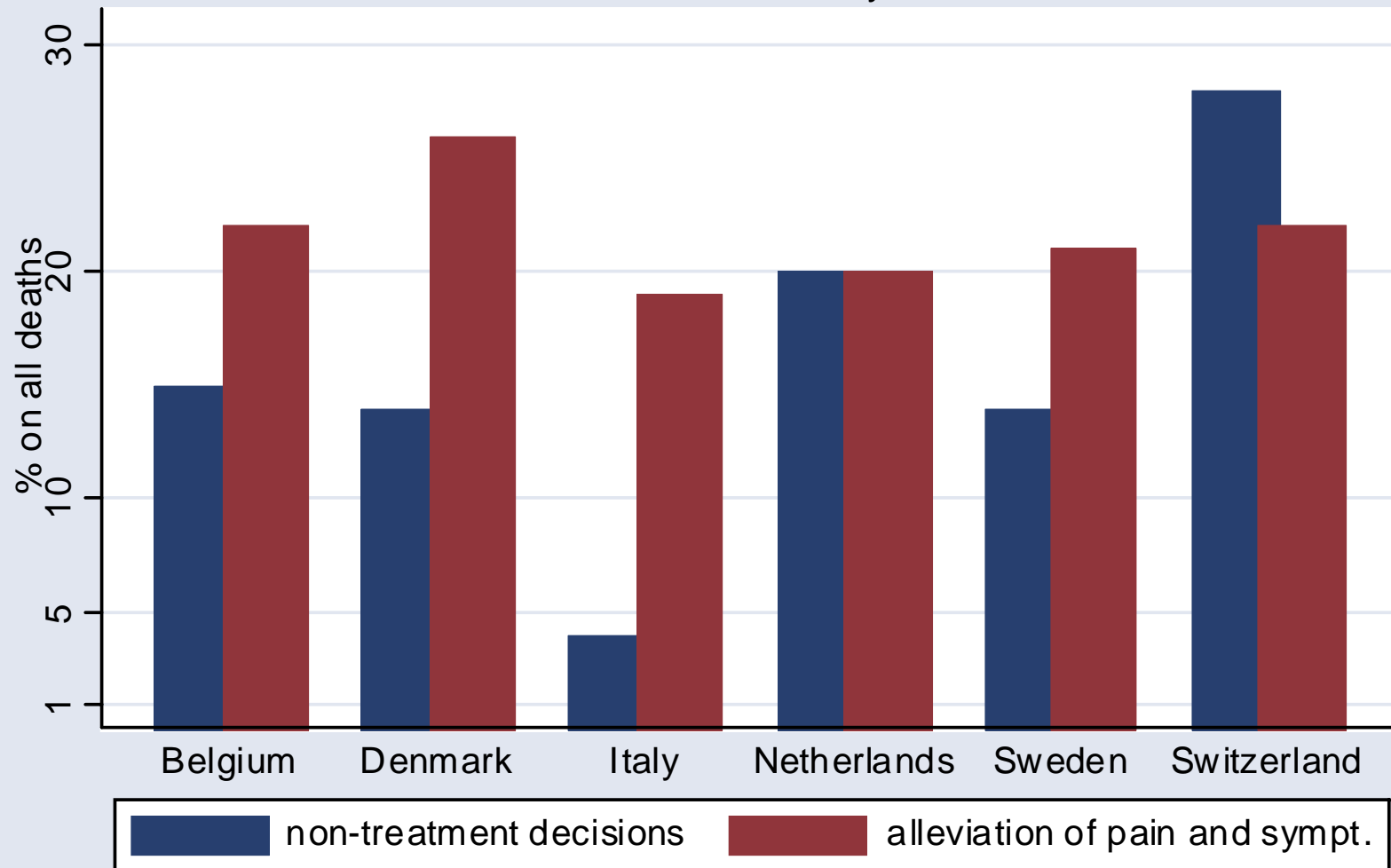
Alleviation of pain and symptoms, taking into account the possibility that death will be hastened or partly with the intention to hasten death

Non-treatment decisions: the withholding or withdrawing of treatment, taking into account the possibility that death will be hastened or with the explicit intention to hasten death

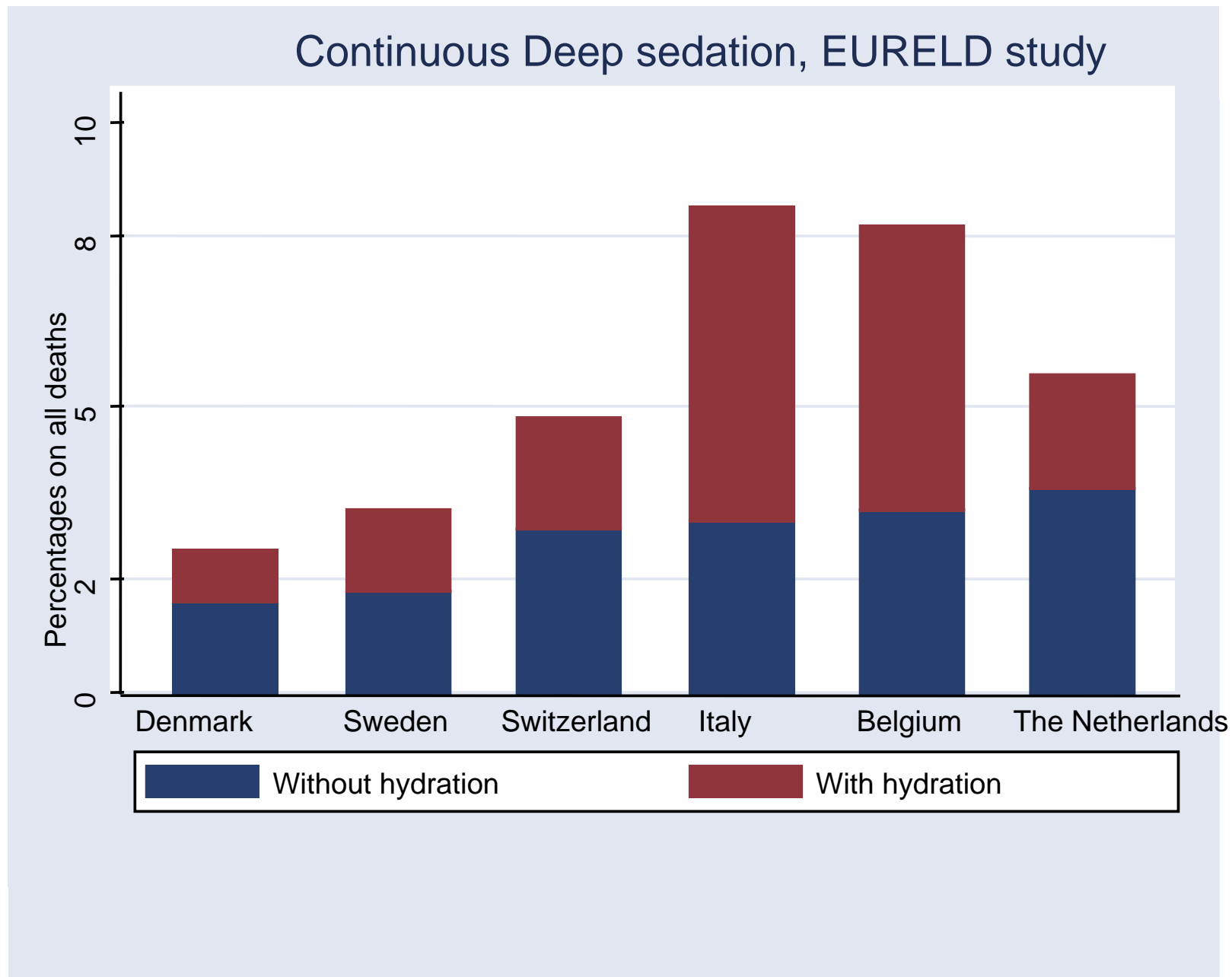
ELDs' frequencies and clinical practice

Alleviation of Pain and Symptoms, Non Treatment Decisions

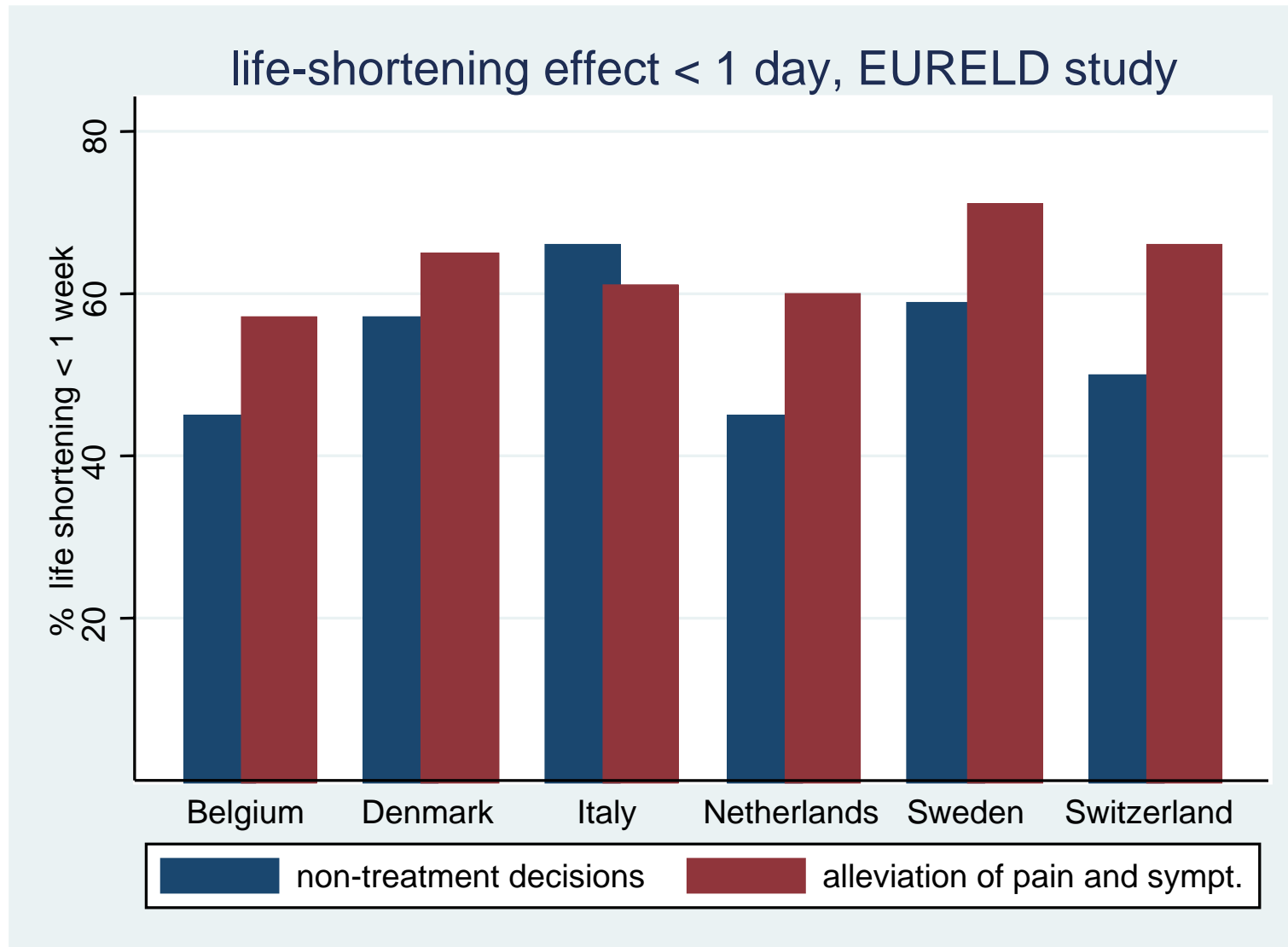
EURELD study



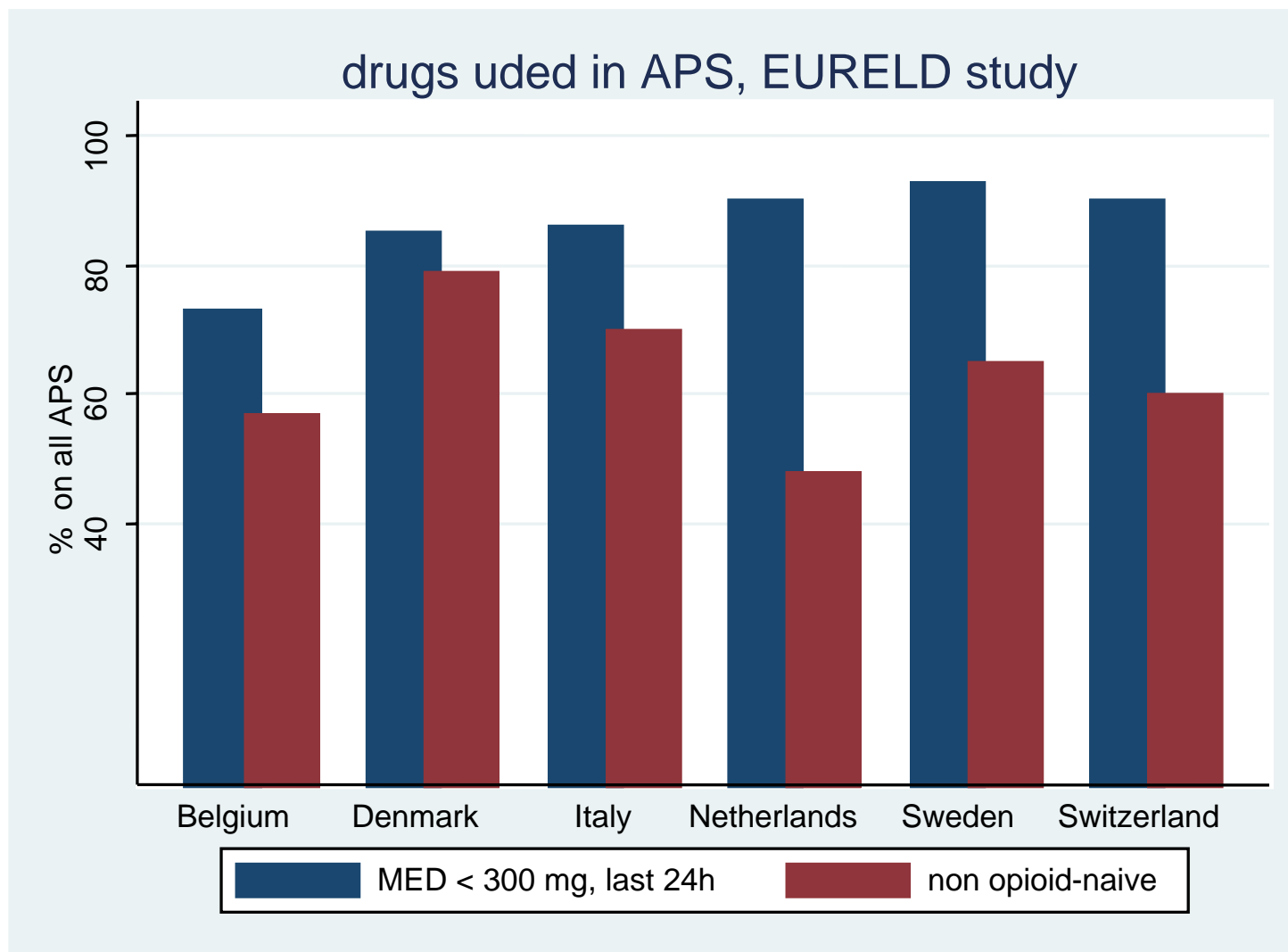
ELDs' frequencies and clinical practice



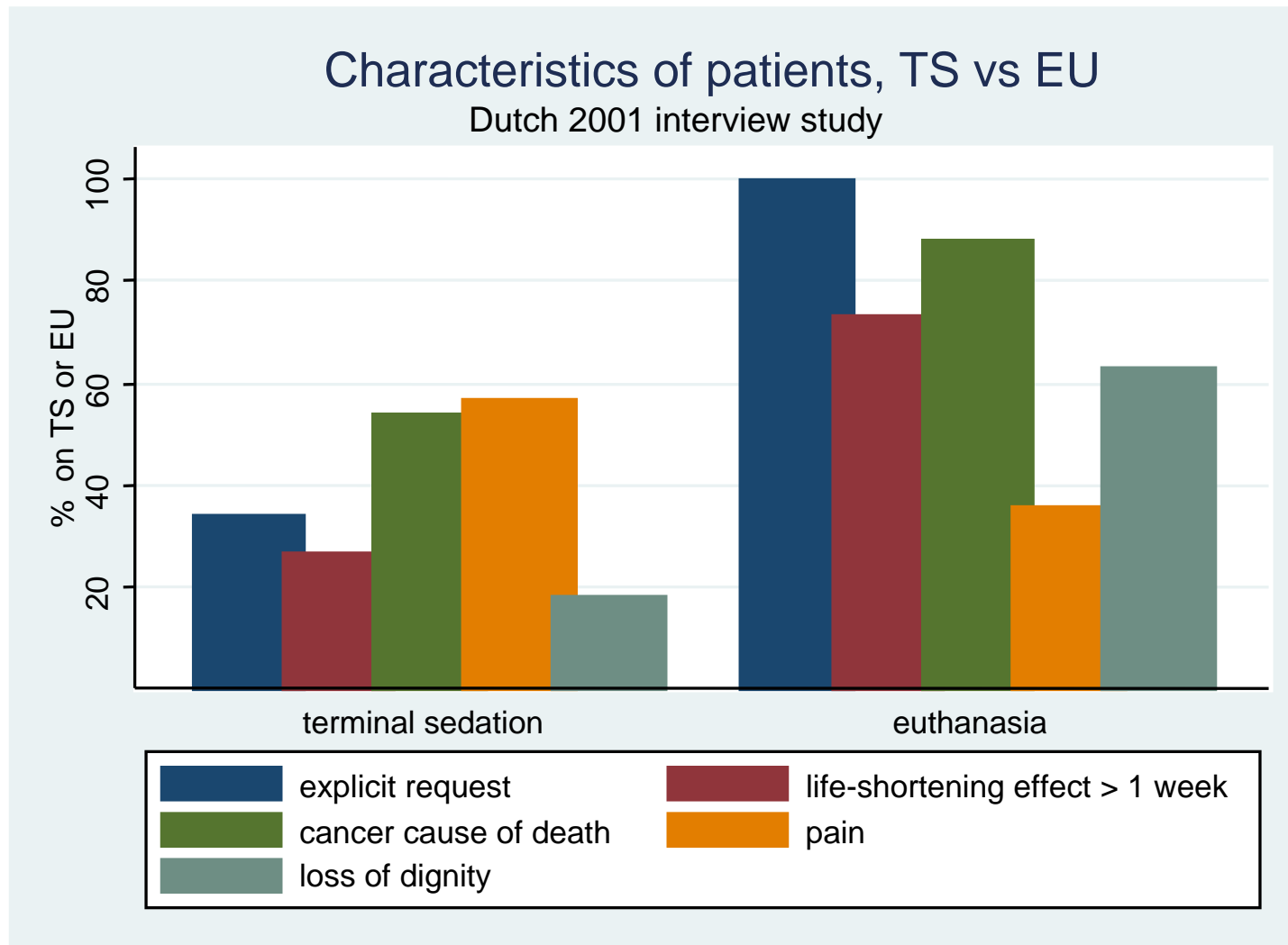
Description of ELDs and clinical practice



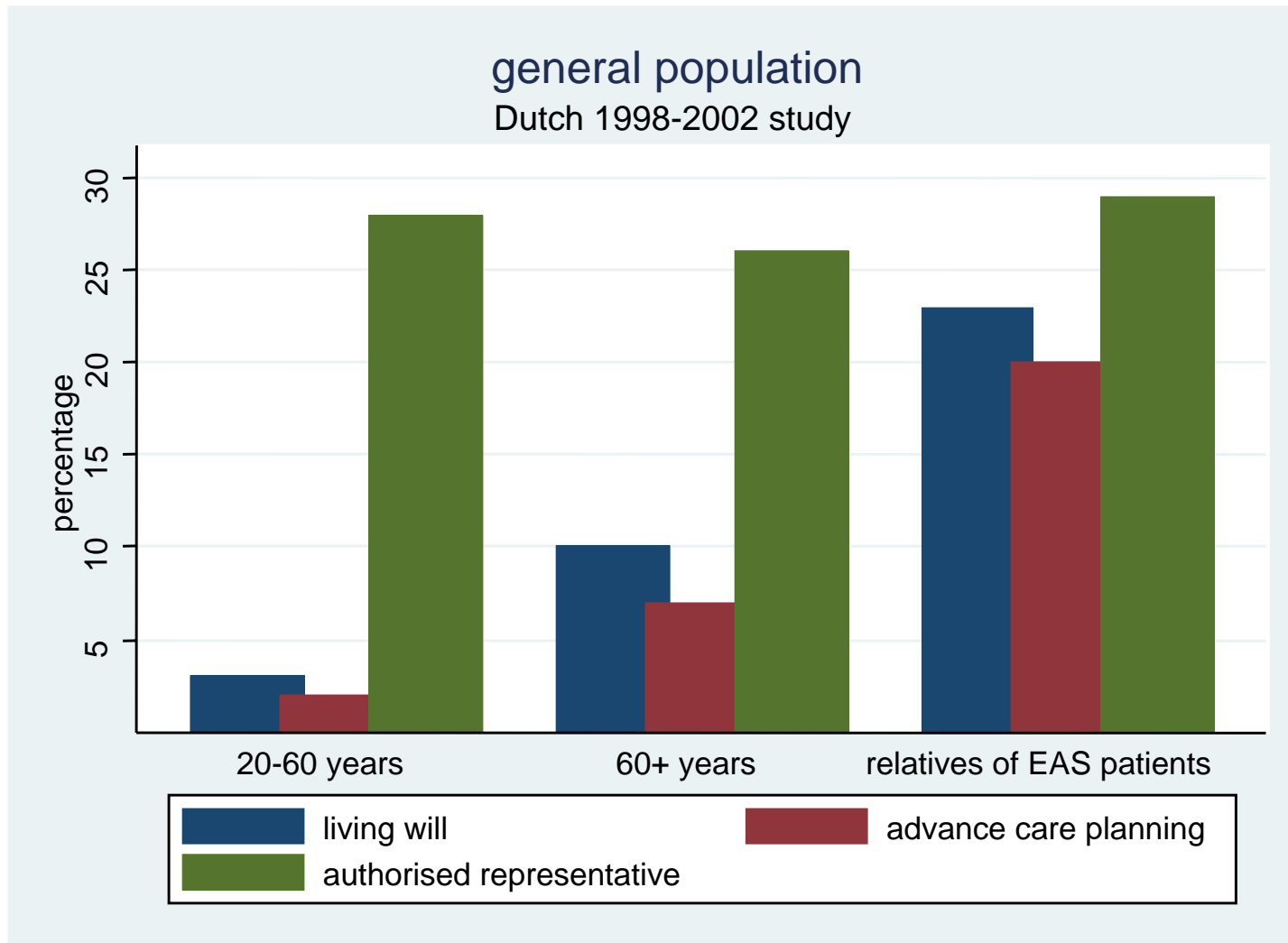
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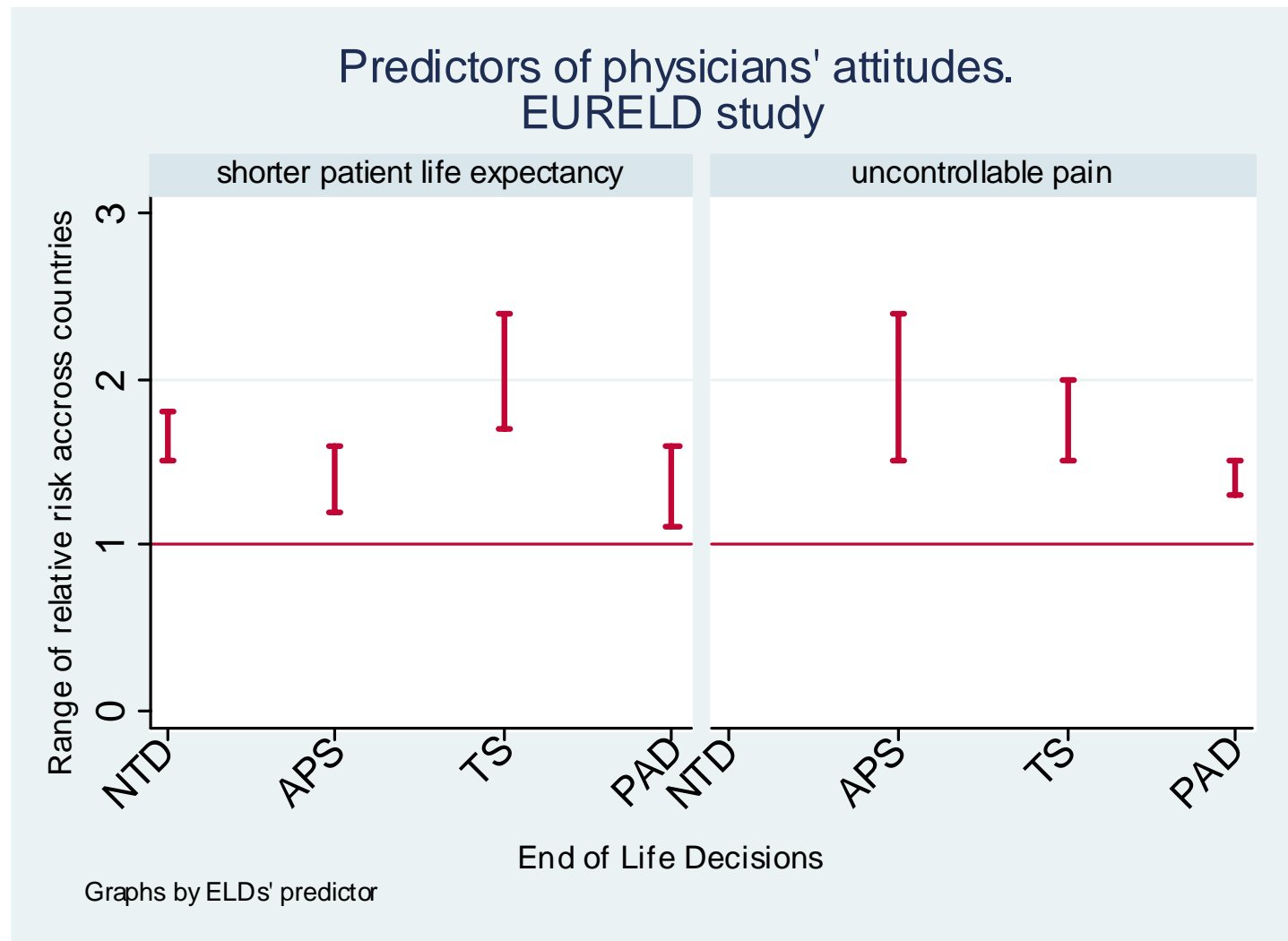
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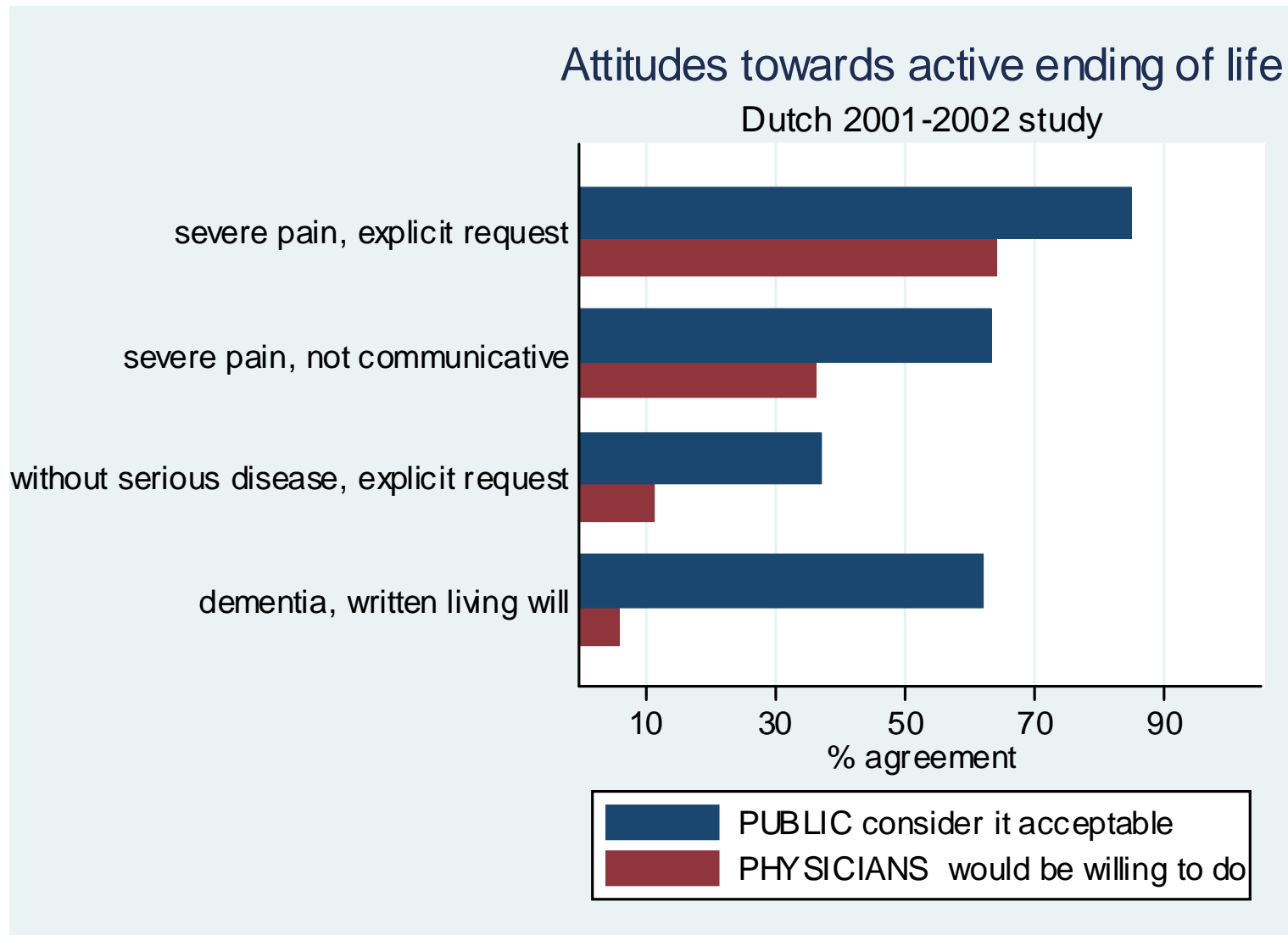
The decision making process



Physicians' attitudes towards ELDs



General public and physicians



Limits of the epidemiological perspective on ELDs

- reported vs observed ELDs
- estimate of life-shortening effect
- lack of critical information
- misuse of the general ELD category

Which impact would we like to obtain from this kind of epidemiological research, on both clinical practice and public discussion?

- A rational framework for clinical decision-making near the end of life
- Indications for prudent practice
- General framework for public discussion