Ethics at the End of Life

Prof Shehan Silva
Professor in Medicine
University of Sri Jayewardenepura

Clinical Vignette

- Mr. Siripala, 78-year-old man with **metastatic pancreatic cancer**, presents with septic shock and acute kidney injury
- Hypotensive, hypoxic, delirious → **lacks decision-making capacity**

- ICU recommends intubation, vasopressors

- Wife recalls he said: *"I do not want to be kept alive on machines."*
- Sons disagree – *demands full treatment* vs comfort care

Autonomy

- Respect for self-governance
- Competent patients have the right to:
  - Accept or refuse treatment
  - Decline life-prolonging interventions
  - Make advance statements or directives
- No entitlement to demand non indicated treatment
- **Sri Lankan adaptation**
  - **Relational and family-centred decision-making**
  - **Exercised collectively** rather than individually

Liberty Leading the People
Eugène Delacroix

Beneficence

- Clinicians must **act in the best interests** of the patient
- In EOL care requires:

  Relief of pain and distress

  Avoidance of non-beneficial aggressive interventions

  Provision of psychological, social, and spiritual support
- Palliative care should be initiated when appropriate and not restricted to the final days of life

The Good Samaritan
David Paynter

Non-maleficence

- Obligation to “do no harm” avoiding
  - Futile life-prolonging interventions
  - Prolongation of suffering
  - Undignified dying processes
- Withholding and withdrawing treatment are ethically equivalent, even though emotionally more difficult

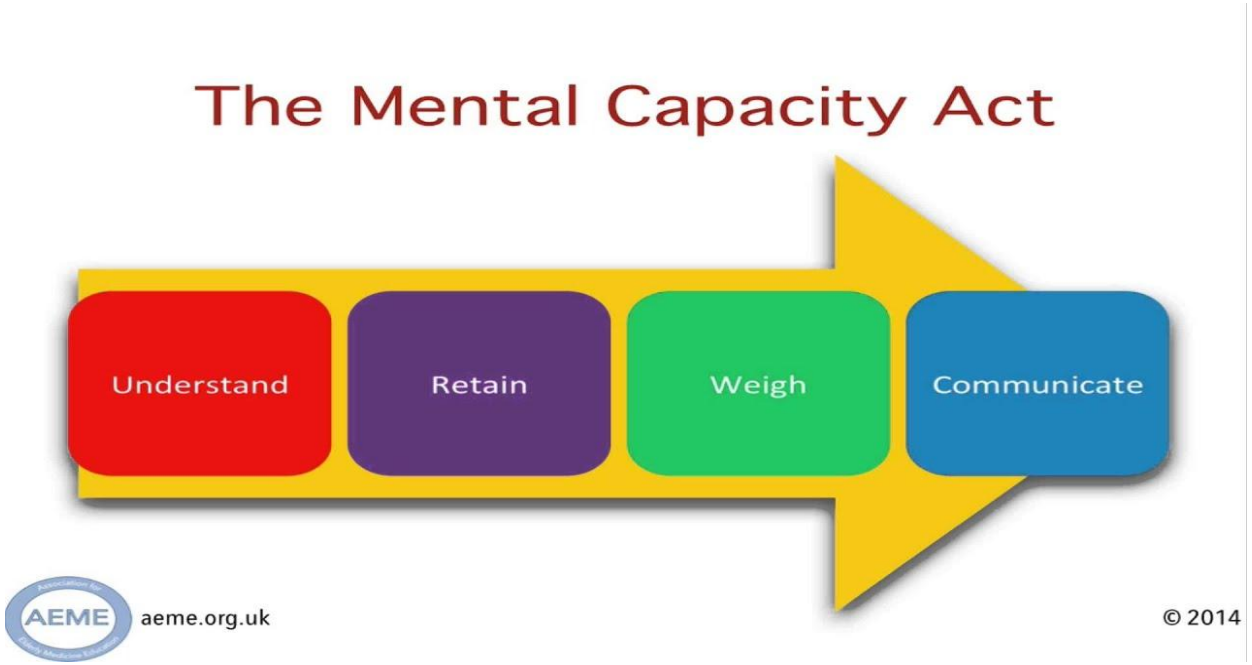
Dr Death (Harold Shipman)
Jonathan

Justice

- Fairness in allocation of healthcare resources
    - Based on clinical need
    - Potential to benefit
    - Avoid discrimination especially age
- In resource-limited settings distributive justice may conflict with autonomy and beneficence

Trolley Dilemma

Capacity



- **Presumption of Capacity**

- Capacity **must not be judged** based on age, disability, or disagreement with medical advice

In Incapacitated Patients

Scene in Bedlam
William Hogarth

- Doctor in consultation with the healthcare team, acts in the patient's **best interests**
- To consider
  - Known wishes
  - Previously expressed values
  - Advance directives
- Advance directives are not yet legally tested in Sri Lanka but carry moral weight

Shared Decision-Making and Family Involvement

- Sri Lankan practice recognises the central role of family in EOL decisions

Ethically:
•Information sharing requires patient consent (if competent).
•Next-of-kin provide insight into patient values but are not decision-makers unless legally authorised.
•The doctor must not give the impression that relatives bear ultimate responsibility for decisions

When disagreements arise:
•Second opinions
•Case conferences
•Clinical Ethics Committee consultation
•Court intervention (if necessary)

The Visitors

Clinical Vignette *contd*

- **Autonomy** – Previously expressed wishes carry moral weight

- **Beneficence & Non-maleficence**
  – Avoid futile, burdensome treatment

- **Justice** – ICU use must consider likelihood of benefit

- Family involvement is central, but doctor retains decision responsibility

Anticipatory (Advance) Care Planning

- ACP is ethically central to good EOL care
- Should include discussion of
  - Future treatment preferences
  - ICU admission and organ support
  - CPR decisions
  - Religious and spiritual needs
  - Organ donation

- Ethical value
  - Reduces emotional burden during crises
  - Respects patient values
  - Minimises conflict
  - Plans must be documented and periodically reviewed.

Do Not Attempt CPR Decisions (DNACPR)

- CPR - invasive intervention with potential for traumatic outcomes
- Ethical DNACPR decision-making requires:
  - Medical judgement regarding likely benefit
  - Weigh burdens vs. benefits
  - Sensitive communication
  - Documentation

- A DNACPR decision:
  - Applies only to CPR
  - Does not imply withdrawal of all treatment
  - Must be reviewed periodically

Clinically Assisted Nutrition and Hydration (CANH)

- CANH is regarded as medical treatment, not basic care

- Ethical considerations include:
  - Potential benefit versus burden
  - Risk of prolonging suffering
  - Patient's previously expressed wishes
- CANH may ethically be withheld or withdrawn if not in the patient's best interest, provided comfort measures continue

A mortally wounded brigand in thirst

Withholding and Withdrawing Life-Sustaining Treatment

- Ethically, there is no moral distinction between withholding and withdrawing treatment
- Decisions must be guided by proportionality
  Do burdens outweigh benefits?
- In ICU settings: If treatment no longer meets patient goals, withdrawal is ethically justifiable
- A palliative care plan must then be implemented

The Caucasian Chalk Circle
Bertolt Brecht

Paediatric and Neonatal Ethics

In minors:

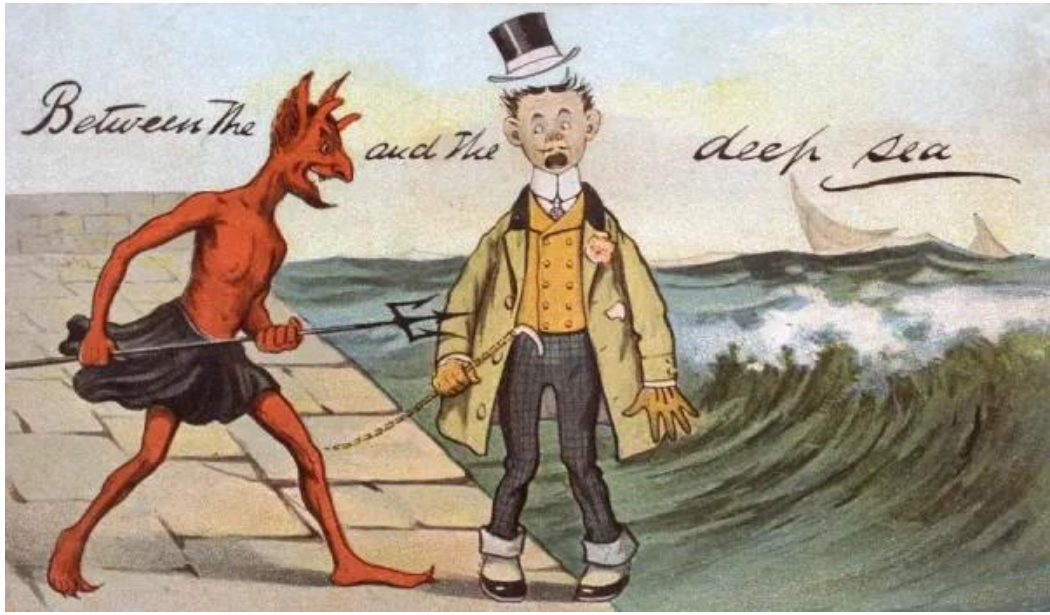
- Parents/guardians act as proxy decision-makers
- Decisions are guided primarily by beneficence
- The child's view should be considered if capable of reasonable judgement

Laennec and the Stethoscope

Truth-Telling and Non-Disclosure Requests

- **Collusion**
  Families may request non-disclosure to "protect" the patient

Ethically:
•Necessary information should not be withheld unless the patient refuses it
•Physicians must sensitively explore family concerns
•Truth must be told if the patient directly asks



Between the Devil and the Deep Blue Sea

Organ Donation

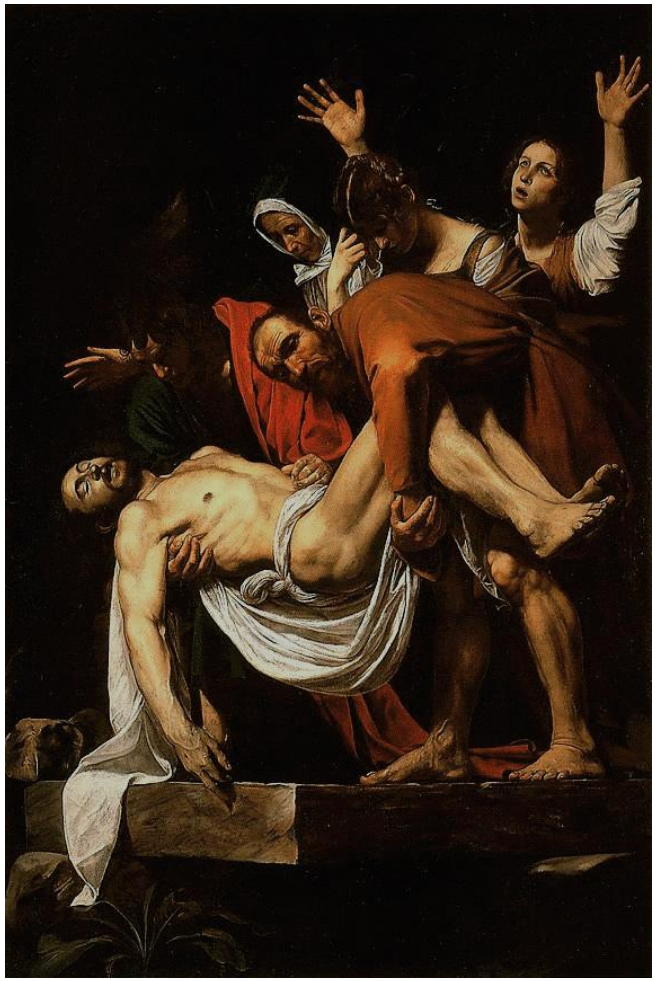
- Organ donation is considered an integral part of EOL care

- Ethical safeguards include:
- Separation of treating team and transplant team
- Respect for prior expressed wishes
- Compliance with Transplantation of Human Tissues Act No. 48 of 1987

Donation of the Head of King Sirisangabo
Mulkirigala Temple

Care After Death

- Ethical responsibilities continue after death
- Clinicians must:
    - Treat the deceased with dignity
    - Support the bereaved sensitively
    - Respect cultural and religious practices
    - Comply with legal requirements



The Entombment of Christ
Caravaggio

Clinical Vignette *Cont*

Confirm lack of capacity

Best interests decision

- Consider known wishes
- Conduct structured family meeting

DNACPR decision

- Applies only to CPR
- Does NOT mean stopping all treatment

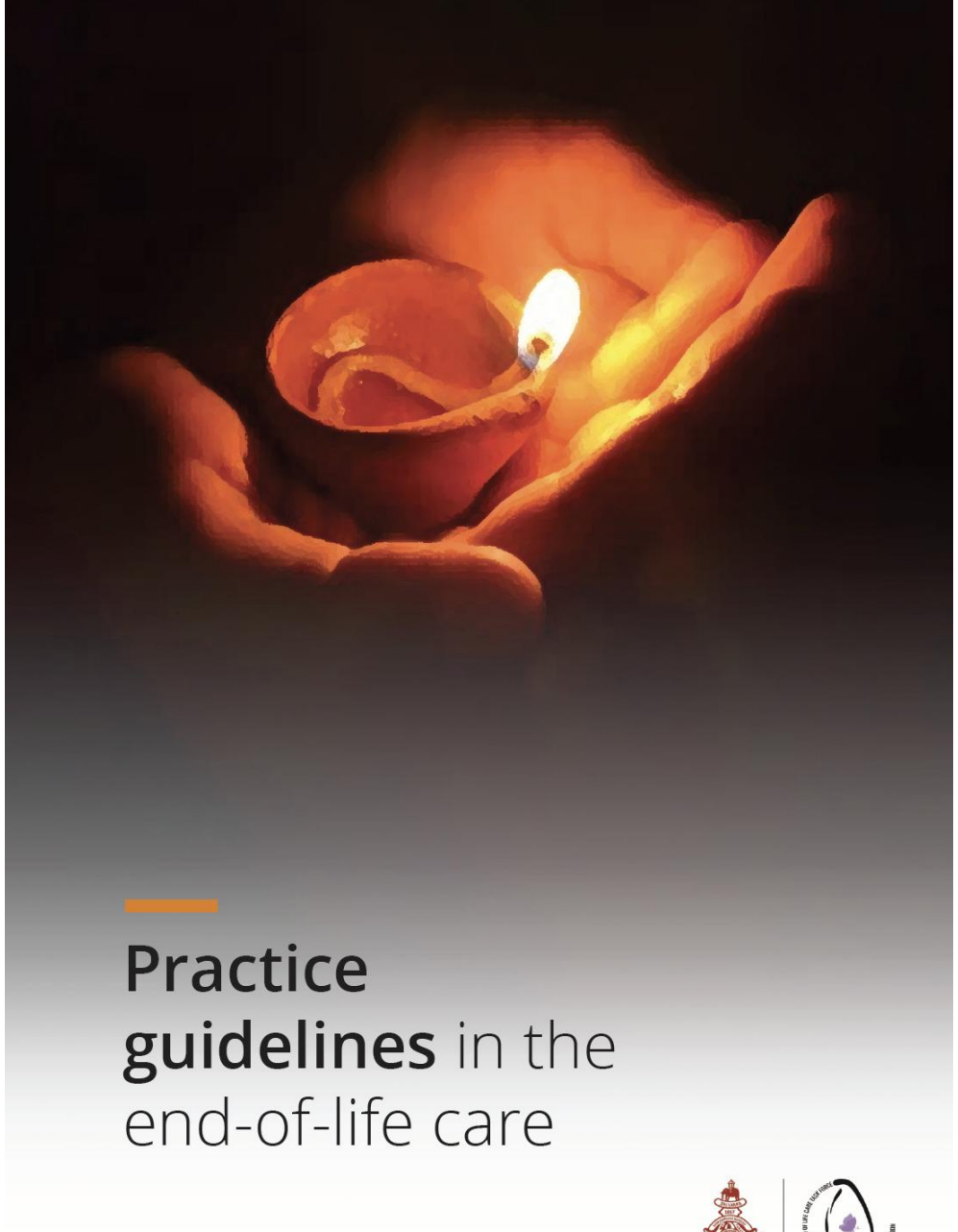
Withhold ICU escalation

- Withholding = withdrawing ethically

Initiate Palliative Care

- Oxygen for comfort
- Opioids for dyspnoea
- Psychological & spiritual support

Finem


Practice
guidelines in the
end-of-life care
Palliative and End-of-life Care Task Force
Sri Lanka Medical Association