

Ethical Issues for Nurses:

Respecting Autonomy of Patients in End-of-Life Stage in Korea

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Ethical issues in end-of-life stage

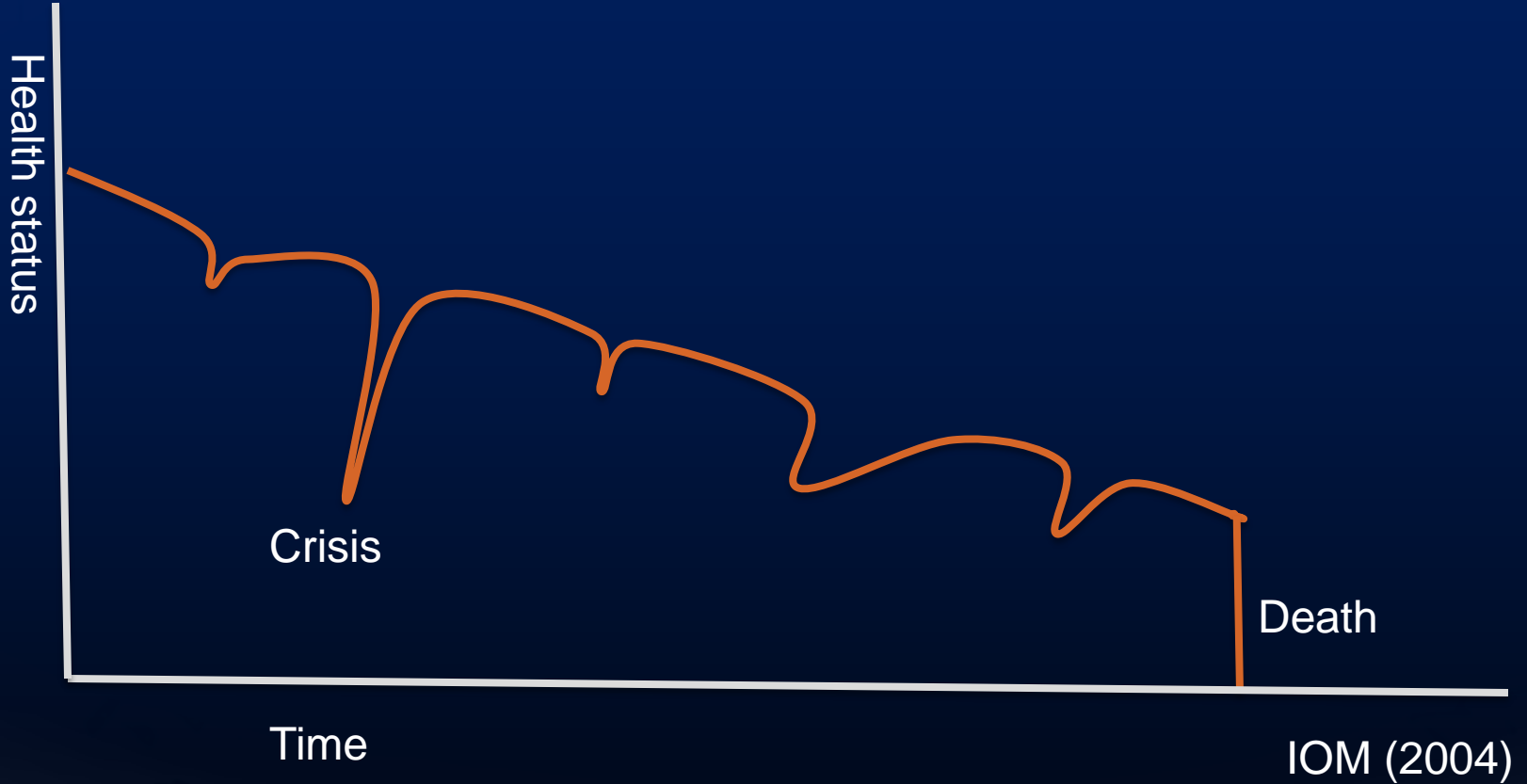
- ▣ Futility of treatment
- ▣ End-of-life decision making
- ▣ Withdrawal of life-sustaining treatment
- ▣ Respect for patient's autonomy

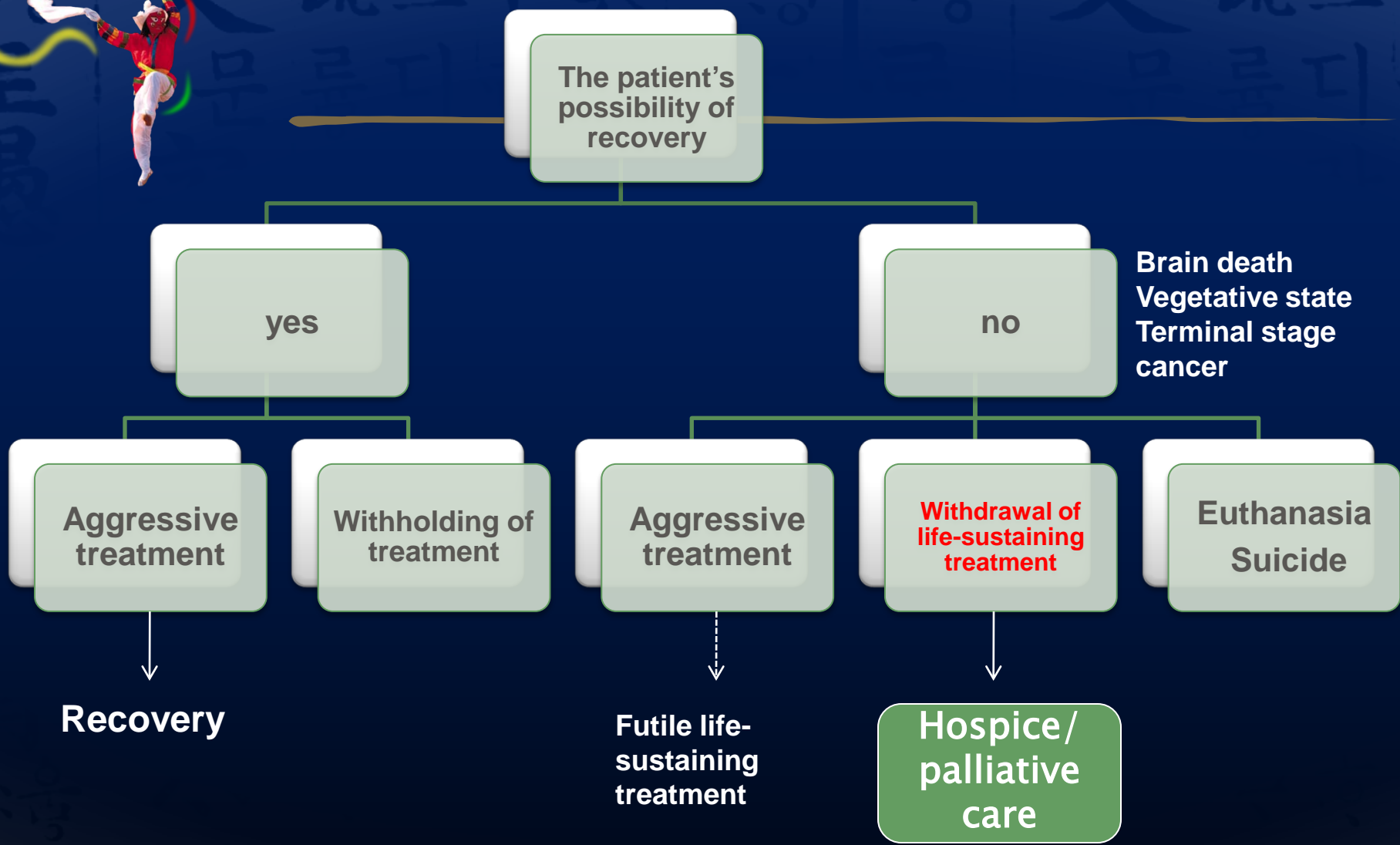


Content

- ▣ Illness trajectory
- ▣ Current situation of life-sustaining treatment in Korea
- ▣ Exemplary cases and relevant discussions
- ▣ **Withdrawal of life-sustaining treatment (WLST) & respecting autonomy of patients**
- ▣ **Ethical implications & role of nurses**

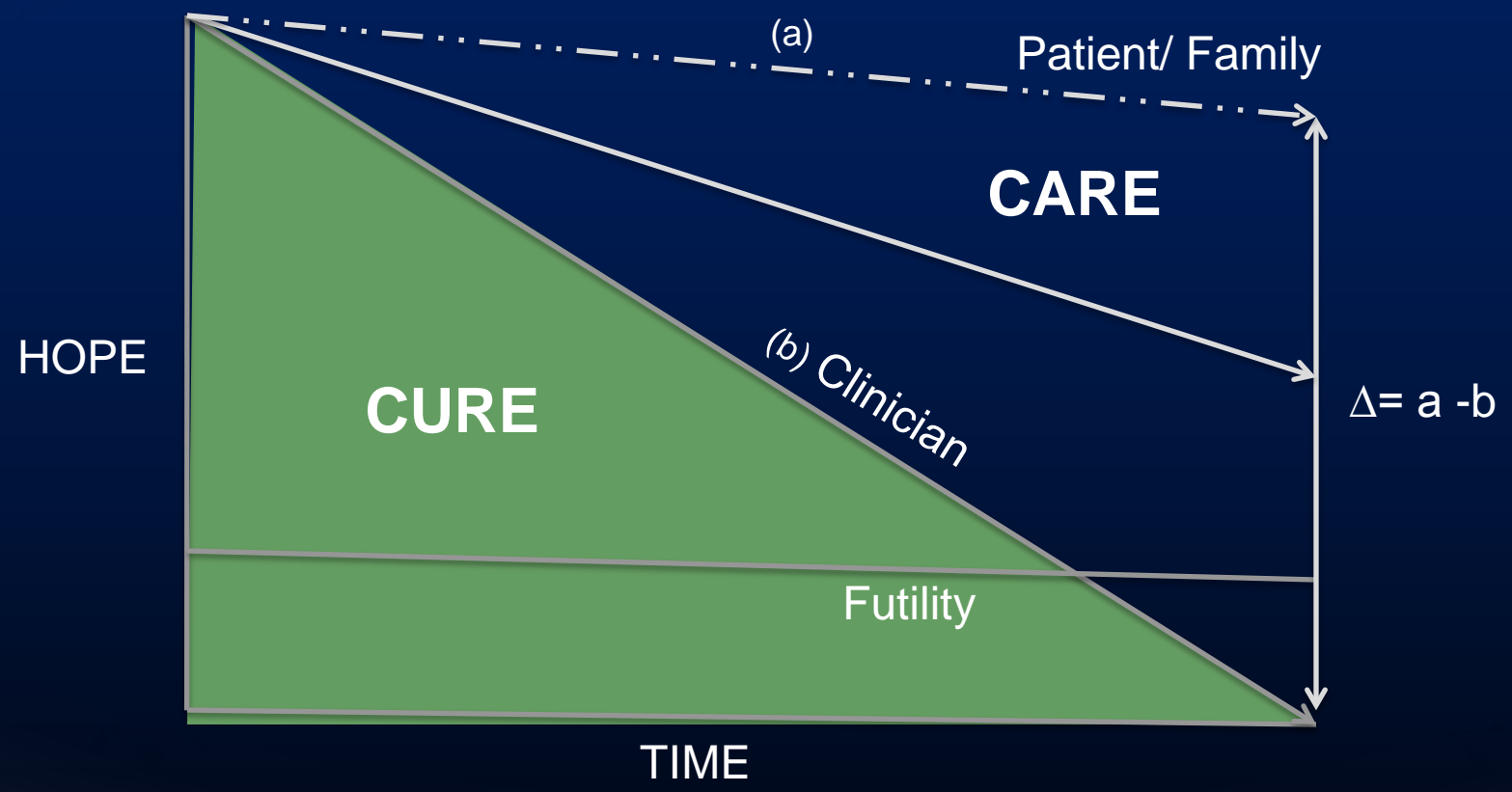
Illness Trajectory







The Evolution of Futility Disputes



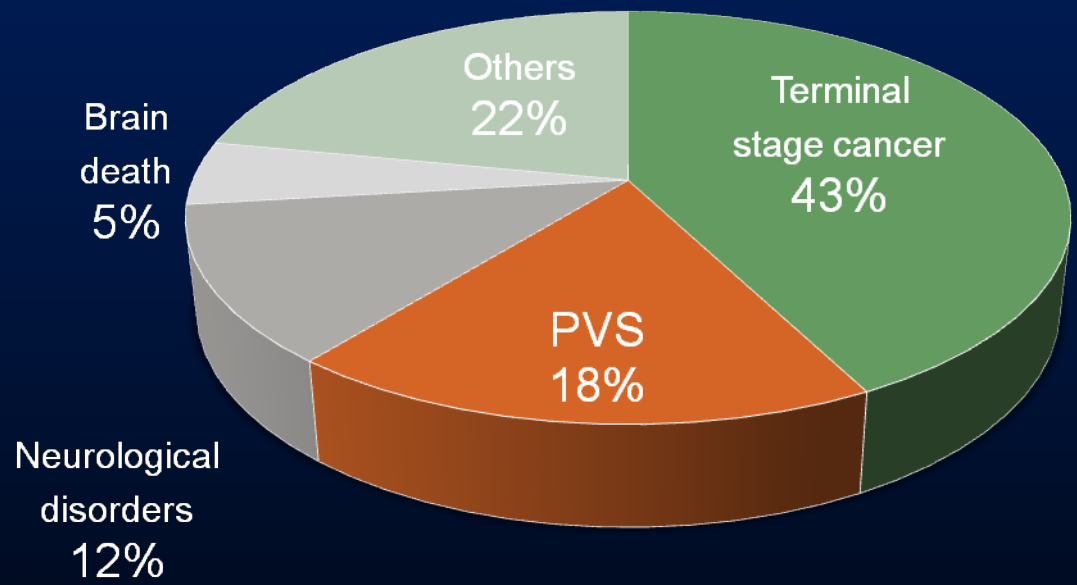
Resource: Fins, JJ(2000)



Current Situation of Life-sustaining Treatment in Korea

❖ Patients with life-sustaining treatment in ICU

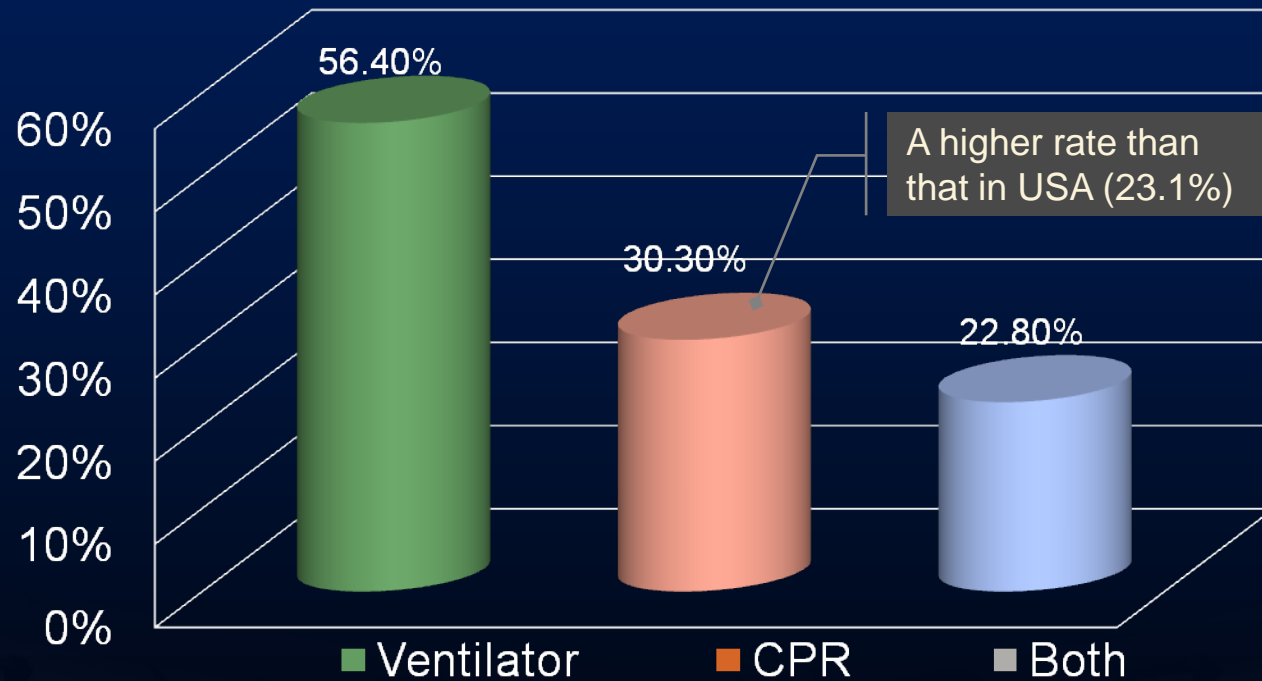
(July 2009 – 256 hospitals nationwide)



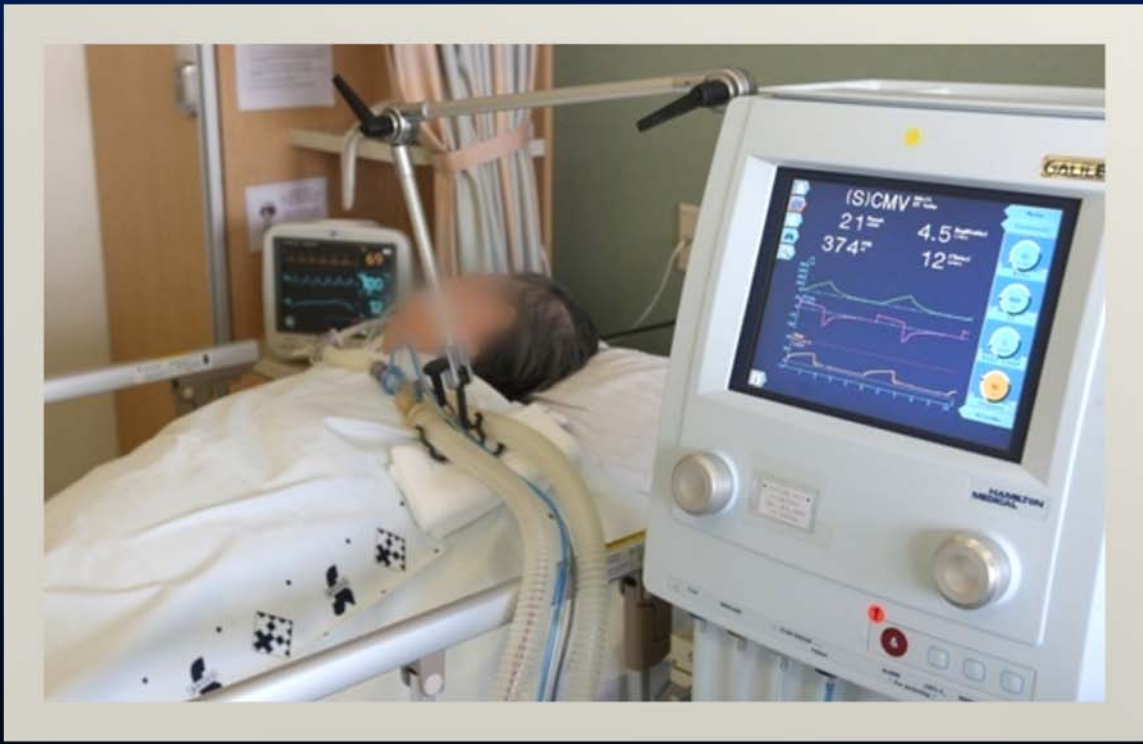
☞ 1.67% of the total admission patients (n= 1592)



- ❖ Average hospital days in ICU by patients in end-of-life stage; 10.6 days
- ❖ Average ICU admission rate of patients in end-of-life patients; 18.1%




Introduction 4



Case 1:

Autonomy of Incompetent Patients

- 
- ▣ The patient is a 78 year old female
 - ▣ The patient was intubated due to a loss of consciousness during the process of lung biopsy
 - ▣ Removal of ventilator was ruled by Supreme Court based on the petition of her family, who claimed that the patient would not want to receive life-sustaining treatment, rooted in her previous thoughts expressed to family while her mentality was alert.
 - ▣ The patient was expired in 201 days, with voluntary respiration, even after the ventilator was removed.



Recent Landmark Events on WLST in Korea

2009. 5

Ruling by **Supreme Court** on withdrawal of futile life-sustaining treatment (respect for the patient's autonomy)

2009. 7. 3

Passing of an independently developed **life-sustaining treatment guideline** by Seoul National **University Medical Center** through its own medical ethic committee.

2009. 9. 28

National evidence-based healthcare collaborating agency: developing 12 basic principals for withdrawal of futile life-sustaining treatment

Since
2009. 9

Announcement of guidelines of withdrawal of life-sustaining treatment by coalition of **KMA, Korean Academy of Medical Sciences, Korean Hospital Association**. Raising of **legal movements** on death with dignity or withdrawal of life-sustaining treatment for patients in end-of-life stage.



Death with Dignity vs Euthanasia

Various concepts & definitions

Withdrawal of life-sustaining treatment for patients with no possibility of recovery

Lack of contextual distinction between passive euthanasia and death with dignity

Death with dignity

Death with humanistic dignity



Ethical Justification of WLST

- Complete absence of hope for the recovery of the patient.
- On-going treatment imposing unbearable suffering to the patient and the family.
- Respect for the **patient's autonomy**



Case 2:

Autonomy for Competent Patient

- ▣ 60 year old male with stomach cancer
- ▣ *“I have been living as a good husband and a father for the last 31 years. When I was caught up with Cancer, an incurable illness, they (family and healthcare professionals) talked about me and my disease among themselves by isolating me in the process of making my own medical decisions. I experienced feelings of being betrayed and felt too frustrated to live in any more. I felt like I was treated as wall furniture that has no affecti-on. I was caught up with a thought that my entire life for the last 30 years was a total failure.”*



Possible Criticism:

- ▣ Treating patients without their consents
- ▣ Treating patients without giving them all the relevant information necessary for making an informed choice
- ▣ Telling patients 'white lies'
 - example: 'the operation went well... but, in fact a large inoperable malignant tumor was found...'



Understanding Patient's Autonomy Based on Cultural Background

- ▣ Diagnosis of cancer often not likely to be informed to the patient directly in Korean culture.
- ▣ Health decisions on the patient at end-of-life stage possibly dominated by the family and the medical staff.
- ▣ Family-oriented moral standing of Korean society
-> family-facilitated approach and family education
are important in addressing the issue of autonomy of patients in end-of-life stage



Recent Social Consensus on WLST in Korea

- ▣ Established by Social Consensus Committee at Ministry of Health & Welfare of Korea in August 2010.
- ▣ Committee members: experts in the fields of healthcare, religion, legal society, and civil organizations
- ▣ Withdrawal of treatment (ventilator, CPR) for terminal stage patients
- ▣ Continuation of routine treatments: hydration, nutrition, pain control, etc.
- ▣ Process: agreement of the pt and medical staff -> 2 week window period -> completion of AD with pt's own signature
- ▣ Guidelines to be used as a basis for future legal act on WLST



Challenges for End-of-Life Care in Korea

- ▣ Development of legal consensus on treatment/care of patients in terminal stage
- ▣ Development of social consensus on the approval of proxy responsibility on withdrawal of life-sustaining treatment
- ▣ Establishment of ethical standards on the respect of the patient's autonomy
- ▣ Establishment of social consensus on WLST of PVS cases



Ethical Implications for Nurses

- ❖ In the care of competent patients: Any decision by the patient should be respected if the patient is fully informed of all possible results of his/her own decision on whether or not to receive specific treatments.
- ❖ The patient still need to receive **basic life-sustaining treatments and nursing care** (example, nutrition, hydration, transfusion and injection), as well as **routine and balanced care**.
- ❖ The final goal always should be **‘respecting for human dignity.’**



The Role of Nurses

- ▣ Being aware of the importance of **respecting autonomy of the patient**
- ▣ **Encouraging communications** between the patient and the patient's family
- ▣ **Building therapeutic relationships** with the patient and the family members
- ▣ Respecting **cultural diversity** of the patient and the family
- ▣ Helping the patient prepare **a dignified death**
- ▣ Being active in policy making and development of legal constitutions related to the patient's autonomy

