

Rachel Duarte Moritz¹, Patrícia Miranda do Lago¹, Alberto Deicas², Cristine Nilson¹, Fernando Osni Machado¹, Jairo Othero¹, Jefferson Pedro Piva¹, Juan Pablo Rossini³, Karla Rovatti¹, Nara Azeredo¹, Nilton Brandão da Silva¹, Raquel Pusch¹

1. Associação de Medicina Intensiva Brasileira – AMIB – Brasil
2. Sociedad Uruguaya de Medicina Intensiva – SUMI - Uruguai
3. Sociedad Argentina de Terapia Intensiva - SATI - Argentina

1st Forum of the Southern Cone End-of-Life Study Group: Proposal for care of patients, bearers of terminal disease staying in the ICU

1º Forum do Grupo de Estudos do Fim da Vida do Cone Sul: Proposta para atendimento do paciente portador de doença terminal internado em UTI

ABSTRACT

Withholding of treatment in patients with terminal disease is increasingly common in intensive care units, throughout the world. Notwithstanding, Brazilian intensivists still have a great difficulty to offer the best treatment to patients that have not benefited from curative care. The objective of this comment is to suggest an

algorithm for the care of terminally ill patients. It was formulated based upon literature and the experience of experts, by members of the ethics committee and end-of-life of AMIB - Brazilian Association of Intensive Care.

Keywords: Terminally ill; Critical illness; Palliative care; Death; Intensive care units

Intensive care has undergone major advances in the last 20 years, worldwide and also in Brazil. Currently, critically ill patients who would evolve to death may be kept alive by artificial means. Although intensive care aims to diagnose, manage and sustain patients under imminent risk of life, but potentially reversible, some critically ill patients may evolve with multiple organ and systems failure and become victims, bearers of terminal disease with no curative therapeutic possibilities. Such a situation creates a dilemma for intensivist physicians, commonly facing the need to decide on withholding or withdrawing of so-called futile treatments.⁽¹⁻⁴⁾

Various studies carried out worldwide have shown the increasing frequency of withholding treatment receding death in the ICUs.⁽⁵⁻¹⁰⁾ In Brazil, studies made in various regions showed that palliative care practices have increased in the last years, however, they differ from the conduct assumed in countries of the Northern Hemisphere, where proactive conducts such as withdrawal of mechanical ventilation are frequent. Analysis of these reports discloses a significant variation in the adherence to therapy withholding measures by intensivist physicians and that cultural, religious, social, economic and legal diversities certainly explain the differences found.⁽¹¹⁻¹⁶⁾

There is growing acknowledgment of the need to establish guidelines and protocols enabling the physician to decide on withdrawing or withholding of futile therapies.⁽¹⁷⁻²¹⁾ Pellegrino, when addressing this subject stated that any ethical decision must take into account, as a fundamental pre-requisite, the value of human life and must consider the theoretical bases that justify decisions from an ethical point of view.⁽²¹⁾ It is noteworthy that, although it is pointed out that physicians more often decide against new therapies, instead of withholding a treatment considered futile, these options are the same from an ethical-legal standpoint.^(18,19)

Submitted on July 23, 2009

Accepted on July 23, 2009

Author for correspondence

Patrícia Miranda Lago
Rua furriel Luis Vargas 238/238
CEP: 90470-130 - Porto Alegre (RS),
Brasil.
E-mail: lagopatrícia@terra.com.br

Despite this worldwide debate, aiming to define the best care to a terminally ill patient, this issue continues without a definitive answer. However, unquestionably, end-of-life practices must prioritize the patient's best interest, respecting his feelings and wishes of the family members as well as adequate communication among all those involved in the process.^(4,13)

To provide adequate treatment at the end-of-life, the Brazilian (AMIB), Uruguayan (SUMI) and Argentinean (SATI) Intensive Care Associations participated in the 1st Forum of the Southern Cone End-of-Life Study Group, in the city of Porto Alegre on May 23, 2009. The objective of this forum was to set forth pertinent recommendations for diagnosis and treatment of the critically ill, terminal patient.

As a result, participants suggested the steps to be taken for diagnosis of end-of-life of the critically ill patient and for decision making with regard to the conduct to be taken with this patient (Chart 1, Figure 1).

ACKNOWLEDGMENTS

The following professionals participated in the fórum: Alberto Deicas (physician/SUMI), Cristine Nilson

(nurse/AMIB), Fernando Osni Machado (physician/AMIB), Jairo Othero (physician/AMIB), Jefferson Piva (physician/AMIB), Juan Pablo Rossini (physician/SATI), Karla Rovatti (psychologist/AMIB), Nara Azeredo (nurse/AMIB), Newton Brandão (physician/AMIB), Patrícia Lago (physician/AMIB), Rachel Duarte Moritz (physician/AMIB) and Raquel Pusch (psychologist /AMIB).

RESUMO

As condutas de limitação de tratamento oferecidas a pacientes portadores de doenças terminais, internados em Unidades de Terapia Intensiva, têm aumentado a sua frequência nos últimos anos em todo o mundo. Apesar disto, ainda existe uma grande dificuldade dos intensivistas brasileiros em oferecer o melhor tratamento àqueles pacientes que não se beneficiariam com terapêuticas curativas. O objetivo deste comentário é apresentar uma sugestão de fluxograma para atendimento de pacientes com doenças terminais que foi elaborado, baseado na literatura e experiência de experts, pelos membros do comitê de ética e de terminalidade da AMIB.

Descritores: Doente terminal; Estado terminal; Cuidados paliativos; Morte; Unidades de terapia intensiva

Chart 1 – Steps to be taken for diagnosis of a critically ill patient with terminal disease.

Steps to be taken for diagnosis of the terminally ill patient in the ICU
<ol style="list-style-type: none"> 1. The intensivist physician, coordinator, routine or on duty, must carry out a discussion, in a formal manner, among members of the professional team caring for the patient so that, with the maximum information available on the patient and family context he/she can in an objective manner diagnose the irreversibility of the patient's current condition. 2. Decision about irreversibility of disease must be consensual and recorded in the patient's medical chart. 3. Criteria for irreversibility must be established prior to inclusion of family members in the discussion. Further, medical therapy that may be adopted must be detailed. Among the irreversibility criteria are emphasized: <ol style="list-style-type: none"> a. When the expected therapeutic effect was not achieved or when there is strong evidence that the curative therapeutic goal will not be met; b. When treatment will only sustain or prolong a condition of permanent and irreversible unconsciousness; c. When suffering is unavoidable and disproportionate to the benefit expected; d. When the patient has manifested the wish on the eventuality of a circumstance such as the current one and, in case of a preexisting chronic disease, that this has been communicated to the assisting physician; e. When irreversibility of the patient's clinical condition leads to conclude that some procedures will only increase suffering. 4. Once the therapeutic goals to be adopted have been consensually established, they must be recorded on the medical chart and the assigned physicians are in charge of putting them in practice. 5. Review of the decisions taken may be proposed at any time. 6. For the primary decision regarding definitive adoption of the care plan set forth by the team, should the patient be incompetent, the source comprises family members, those responsible or legally established representatives by the patient. In their absence, the medical team should forward its decision to be referenced in an institutional ethical or legal body. 7. Definition regarding patient incompetence for decision on the therapeutic plan proposed by the care taking team, must be taken in a consensual manner by the professionals involved and must be recorded in the medical chart in an objective, manner, respecting ethical, medical and legal aspects.

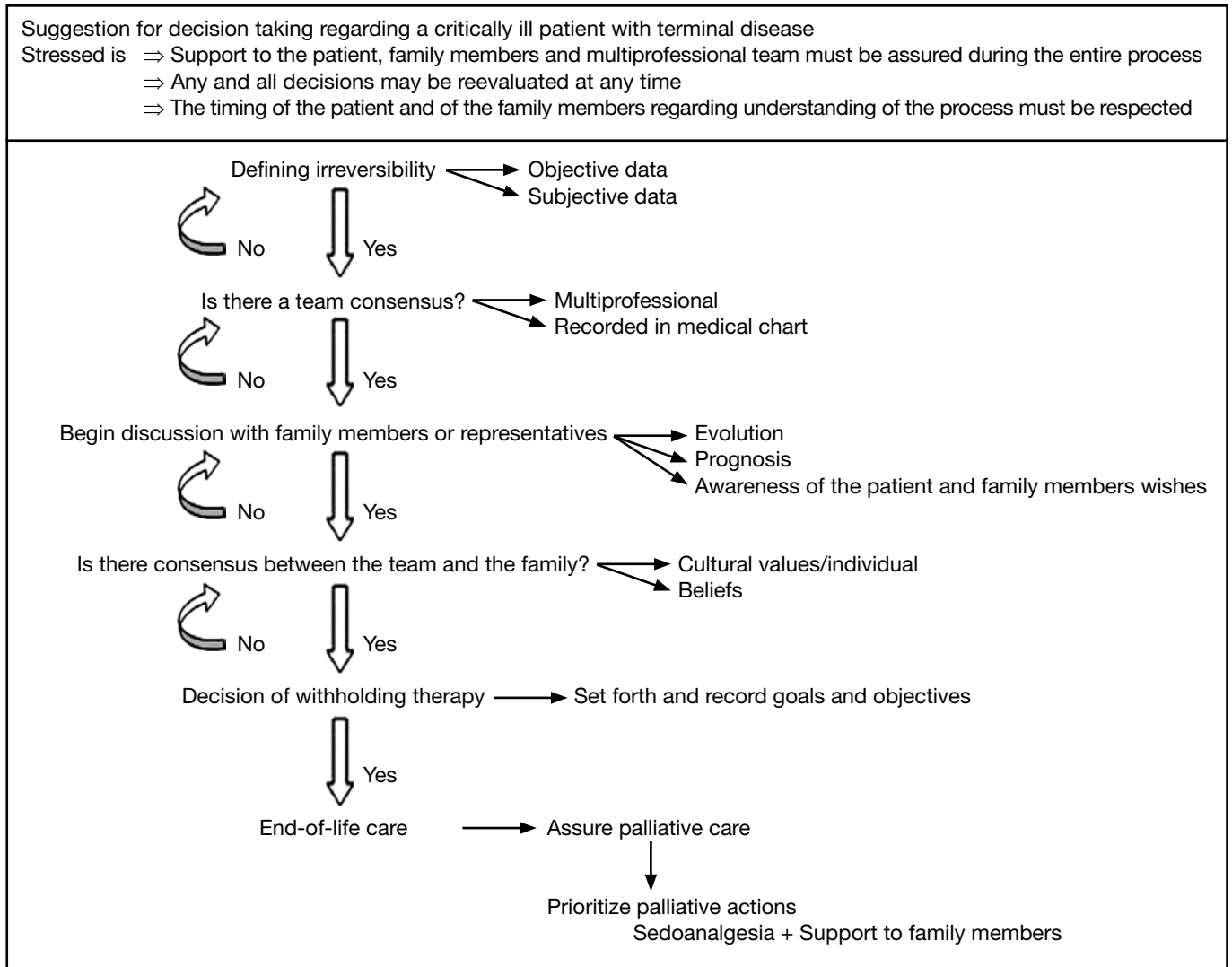


Figure 1 – Suggestion for decision taking regarding the critically ill patient with terminal disease.

REFERENCES

- Moritz RD, Beduschi G, Machado FO. Avaliação dos óbitos ocorridos no Hospital Universitário da Universidade Federal de Santa Catarina (HU/UFSC). *Rev Assoc Med Bras* (1992). 2008;54(5):390-5.
- Middlewood S, Gardner G, Gardner A. Dying in hospital: medical failure or natural outcome? *J Pain Symptom Manage*. 2001;22(6):1035-41.
- Moritz RD, Lago PM, Souza RP, Silva NB, Meneses FA, Othero JCB, et al. Terminalidade e cuidados paliativos na unidade de terapia intensiva: [revisão]. *Rev Bras Ter Intensiva*. 2008;20(4):422-8
- Callahan D. Living and dying with medical technology. *Critical Care Med*. 2003;31(5 Suppl):S344-6.
- Devictor DJ, Tissieres P, Gillis J, Troug R; WFPICCS Task Force on Ethics. Intercontinental differences in end-of-life attitudes in the pediatric intensive care unit: results of a worldwide survey. *Pediatr Crit Care Med*. 2006;9(6):560-6.
- Cook D, Rocker G, Giacomini M, Sinuff T, Heyland D. Understanding and changing attitudes toward withdrawal and withholding of life support in the intensive care unit. *Crit Care Med*. 2004;34(11 Suppl):S317-23.
- Sprung CL, Cohen SL, Sjovist P, Baras M, Bulow HH, Hovilehto S, Ledoux D, Lippert A, Maia P, Phelan D, Schobersberger W, Wennberg E, Woodcock T; Ethicus Study Group. End-of-life practices in European intensive care units: the Ethicus Study. *JAMA*. 2003;290(6):790-7.
- Devictor DJ, Nguyen DT; Groupe Francophone de Réanimation et d'Urgences Pédiatriques. Forgoing life-sustaining

- treatments: how the decision is made in French pediatric intensive care units. *Crit Care Med.* 2001;29(7):1356-9.
9. Mani RK. End-of-life in India. *Intensive Care Med.* 2006;32(7):1066-8.
 10. Esteban A, Gordo F, Solsona JF, Alía I, Caballero J, Bouza C, et al. Withdrawing and withholding life support in the intensive care unit: a Spanish prospective multi-centre observational study. *Intensive Care Med.* 2001;27(11):1744-9.
 11. Kipper DJ, Piva JP, Garcia PC, Einloft PR, Bruno F, Lago P, et al. Evolution of the medical practices and modes of death on pediatric intensive care units in southern Brazil. *Pediatr Crit Care Med.* 2005;6(3):258-63.
 12. Lago PM, Piva JP, Garcia PC, Troster E, Bousso, Sarno MO, Torreão L, Sapolnik R; Brazilian Pediatric Center of Studies on Ethics. End-of-life practices in seven Brazilian pediatric intensive care units. *Pediatr Crit Care Med.* 2008;9(1):26-31.
 13. Lago PM, Devictor D, Piva JP, Bergounioux J. End-of-life care in children: the Brazilian and the international perspectives. *J Pediatr (Rio J).* 2007;83(2 Suppl):S109-16
 14. Soares M, Terzi RG, Piva JP. End-of-life care in Brazil. *Intensive Care Med.* 2007;33(6):1014-7.
 15. Tonelli HA, Mota JA, Oliveira JS. [A profile of medical conduct preceding child death at a tertiary hospital]. *J Pediatr (Rio J).* 2005;81(2):118-25. Portuguese.
 16. Moritz RD, Nassar SM. A attitude dos profissionais de saúde diante da morte. *Rev Bras Ter Intensiva.* 2004;16(1):14-21.
 17. Carlet J, Thijs LG, Antonelli M, Cassel J, Cox P, Hill N, et al. Challenges in end-of-life care in ICU. Statement of the 5th International Consensus Conference in Critical Care: Brussels, Belgium, April 2003. *Intensive Care Med.* 2004;30(5):770-84.
 18. Truog RD, Campbell ML, Curtis JR, Haas C, Luce JM, Rubenfeld GD, Rushton CH, Kaufman DC; American Academy of Critical Care Medicine. Recommendations for end-of-life care in intensive care unit: a consensus statement by the American College [corrected] of Critical Care Medicine. *Crit Care Med.* 2008;36(3):953-63. Erratum in: *Crit Care Med.* 2008;36(5):1699.
 19. Truog RD, Meyer EC, Burns JP. Toward interventions to improve end-of-life care in the pediatric intensive care unit. *Crit Care Med.* 2006;34(11 Suppl):S373-9.
 20. Pellegrino ED. Decisions to withdraw life-sustaining treatment: a moral algorithm. *JAMA.* 2000;283(8):1065-7.