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ORIGINAL ARTICLE

Perception of physicians of Intensive Care Units of the Clinicas Hospital Complex about orthothanasia*

Opinião dos médicos das Unidades de Terapia Intensiva do Complexo Hospital das Clínicas sobre a ortotanásia

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SUMMARY

BACKGROUND AND OBJECTIVES: Modern medicine lives a moment of searching for a sensible balance in the physician-patient relationship. As opposed to what was observed few years ago, when patients were, in the strict conception of the word, patients, that is, someone who obeys without questioning, today they are considered autonomous agents actively participating and deciding about themselves. At the same time, medicine has incorporated techniques, drugs and procedures which, by themselves, may keep the lives of patients almost indefinitely, even if lives are totally vegetative. This study aimed at evaluating the impact of the resolution CFM 1.805/2006 on the perception of physicians working in Intensive Care Units (ICU) of the Clinicas Hospital Complex

METHOD: One hundred physicians of the ICUs of the Clinicas Hospital Complex were interviewed about their knowledge with regard to the provisions of the resolution CFM 1.805/2006, as well as their perception of orthothanasia.

RESULTS: All respondents were favorable to orthothanasia; 67% considered the resolution ideal and 26% adequate, with just a minority of 7% considering it inadequate. From all interviewed physicians, 93% have already thought about putting it into practice.

CONCLUSION: Most physicians were favorable to the practice of orthothanasia, principle which aims at decreasing the suffering of patients and relatives, provided the will of the person or of his legal representative is respected, duly justified and recorded in the medical records and that the patient continues to receive all necessary care to relief symptoms which lead to suffering, being assured integral assistance, physical, psychical, social and spiritual comfort, and the right to hospital discharge.

Keywords: Death, Euthanasia, Orthothanasia, Terminal patient.

RESUMO

JUSTIFICATIVA E OBJETIVOS: A medicina atual vive um momento de busca de sensato equilíbrio na relação médico-paciente. Contrariamente ao que se observava poucos anos atrás, onde o paciente era, na estrita concepção da palavra, um paciente, ou seja, aquele que só obedece sem questionar, hoje ele é considerado um agente autônomo, que participa ativamente decidindo sobre ele mesmo. Ao mesmo tempo, a medicina incorporou técnicas, medicamentos e procedimentos que podem, por si só, manter a vida do paciente quase que indefinidamente, mesmo que esta seja totalmente vegetativa. O objetivo deste estudo foi avaliar o impacto da resolução CFM 1.805/2006 na opinião dos médicos que trabalham nas Unidades de Terapia Intensiva (UTI) do Complexo Hospital das Clínicas.

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MÉTODO: Após aprovação pela Comissão de Ética em Pesquisa da Instituição foram entrevistados 100 médicos que exercem atividade nas unidades de terapia intensiva do Complexo Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo no ano de 2007, sendo 41 médicos assistentes e 59 residentes.
RESULTADOS: Todos os entrevistados foram favoráveis à ortotanásia, 67% consideraram a resolução como ideal e 26% como adequada, tendo apenas uma minoria de 7% considerando-a inadequada. Dos médicos entrevistados, 93% já pensaram na possibilidade de colocar a ortotanásia em prática.
CONCLUSÃO: A maioria dos médicos foi favorável à prática da ortotanásia, princípio que visa diminuir o sofrimento do paciente e de seus familiares, desde que respeitada a vontade da pessoa ou de seu representante legal, devidamente fundamentada e registrada no prontuário e que o paciente continue a receber todos os cuidados necessários para aliviar os sintomas que levam ao sofrimento, sendo assegurada a assistência integral, o conforto físico, psíquico, social e espiritual, e o direito a alta hospitalar.
Descritores: Eutanásia, Morte, Paciente terminal, Ortotanásia.

INTRODUCTION

Death has always been faced by the Western culture with strong resistance and as being something unnatural. However it is part of the natural life cycle, with beginning, middle and end.
The intervention power of physicians is today almost infinite and, thanks to this armamentarium, lives in severe situations are saved, but also patients with chronic and incurable diseases are contemplated with the same care and technology offered to curable patients.
Thanks to new pieces of equipment and methodologies created to control vital variables, intensive care units (ICU) offer to physicians the possibility of postponing death almost indefinitely, due to the huge technological armamentarium available, and one may state that it is almost impossible to die without the physician's consent. It is the endless prolongation of death[1].
So, physicians learn a lot about leading-edge technologies and little about the real metaphysic meaning of life and death, being that only five out of 126 North-American schools of medicine teach about the terminality of life. Unprepared for the issue, very often they practice a medicine which underestimates the comfort of terminal patients imposing them a long and suffered agony[2]. Due to the possibility of prolonging terminal patients' lives, orthothanasia was proposed to avoid suffering to patients, their relatives and friends, and to decrease costs with lab and image tests, special equipment and unnecessary medications[3].
The concept of orthothanasia respects patients' survival time, being withdrawn any methods to artificially maintain life, such as drugs or respiratory prostheses, thus allowing life to follow its natural path. Orthothanasia is against the artificial prolongation of life, which place patients, relatives and physicians in a situation of useless suffering for this maintenance of a totally hopeless life.
The Federal Council of Medicine, aware of this problem, even being a conservative body, after broad and inflamed discussions, has approved and published in the Official Federal Gazette in November 28, 2006, the Resolution 1805/2006, which allows physicians to practice orthothanasia, limiting or withdrawing procedures or treatments which may prolong incurable terminal patients' lives, however assuring the suppression of any suffering to patients and that their will or of their legal representatives is respected[4].
This study aimed at checking the impact of such resolution on the way of thinking of physicians and to what extent it has changed professional behavior, in addition to verifying the level of interest, acceptance and concern with the subject by physicians working in the Intensive Care Units of the Clinicas Hospital Complex.

METHOD

After the approval of the Institution's Research Ethics Committee, 100 physicians working in the Intensive Care Units of the Clinicas Hospital Complex, School of Medicine, University of São Paulo were interviewed, being 41 assistant physicians and 59 resident physicians.
Initially, physicians were asked whether they knew or not the content of the resolution. If the profes-

sional had not enough knowledge, he would receive a copy and, after reading and understanding all articles of it, the interview was carried out, always by the same interviewer. Fisher's Exact test was used for statistical analysis being considered significant $p < 0.5$.

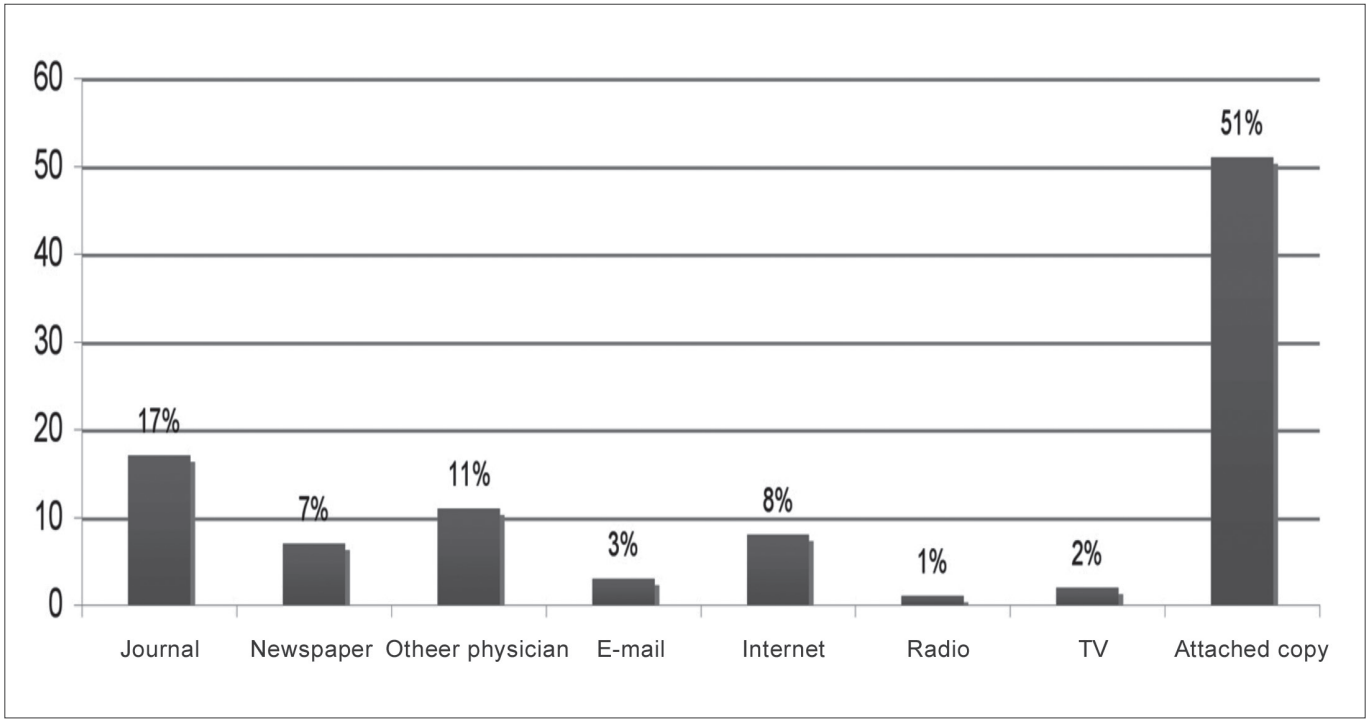
RESULTS

All respondents were favorable to orthothanasia. Some justifications of assistant physicians were: *"It avoids a procedure which does not result in better quality of life"; "Suffering is abbreviated"; "It is the most possible sensible approach"; "There are limits to patients' suffering because some treatments do not have justifiable benefits, with low quality of life"; "I think it is fair to avoid prolonging suffering with treatments which do not solve the baseline disease"*. Justifications of resident physicians were not different, among them: *"It avoids financial and emotional wear for the family"; "We cannot prolong suffering when there is no prognosis"; "It decreases the suffering of relatives and patients"*.

As to knowing the resolution, 49% of respondents knew it, being 66% assistants versus just 37% residents, with statistically significant difference.

Most respondents (51%) knew about the resolution through the copy presented during the interview. Among those already knowing it, 34.7% knew it through newspapers, 22.4% from other physician, 16.3% by the Internet, 14.3% through journals, 6.1% by e-mail and 6.1% through radio or TV (Graph 1).

All respondents were favorable to article one of the resolution *"It is allowed to the physician to limit or withdraw procedures and treatments which prolong the life of terminal patients, patients with severe and incurable disease, provided the will of the person or of its legal representative is respected"*. Among justifications of assistant physicians there are "*In addition to being sensible, it saves resources"; "It abbreviates suffering both for the family and the patient"; "It is useless to maintain the whole support for patients without perspective and without quality of life"; "It will only promote more resistance to antibiotics, as well as prolonging suffering both for the patient and his family, since the family also becomes ill and very often needs psychotherapeutic support"; "In addition to sensible, it save resources for the most needy people"*. Resident physicians presented as favorable justifications *"Unnecessary to prolong the lives of terminal patients, because it prolongs suffering and spend resources which could*



Graph 1 – Communication means through which they knew about the RCM Resolution about orthothanasia

be used in a more rational manner"; or *"Avoids prolonging suffering"*.

The opinion of physicians about paragraph 1 of article 1, according to which *"The physician has the duty to explain to the patient or his legal representative the adequate therapeutic modalities for each situation"*, had only one disagreement with regard to this aspect from an assistant physician, however he did not justify his disagreement. Among those agreeing, some had a proviso such as *"Patient is lay, has low education level, and if we explain something he may understand a different thing"* or *"There should be more specifications, the patient is the one who should know about the treatment and prognosis"* or *"Within the limits of understanding and behavior of relatives and patient",* or even *"It is the physician's duty to propose therapeutic modalities for each situation"* and *"It is a patient's right"*.

About paragraph 2: *"The decision mentioned in the main clause shall be justified and recorded in the medical record",* 98% of respondents were favorable being 96.61% of residents and 100% of assistants. Justifications presented by those disagreeing were *"It may go against the civil code concepts"* or *"Patient's decision would be implied, preventing future questioning"*. Justifications of assistants who were favorable were *"The medical record is the most important document in this situation, both from the legal and the ethical point of view"; "Avoid future changes in opinion"* or *"Measures should be recorded"*. Favorable justifications of residents were *"To protect the physician against possible problems"* or *"To avoid future questioning"*.

With regard to paragraph 3 *"The right to ask for a second medical opinion is assured to patients or their legal representatives"*, most respondents (98%) were favorable: *"Autonomy shall always be respected"* and *"All patients have the right to listen to as many opinions as they wish",* however there have been some unfavorable justifications such as *"In the case of orthothanasia, this second opinion may give reason to unnecessary legal challenges"* and *"the physician in charge is the one who should look for a second opinion"*.

As to article 2 *"the patient shall continue to receive all necessary care to relief symptoms leading to suffering, being assured integral assistance, physical, psychical, social and spiritual comfort, and the right to hospital discharge",* the absolute majority of respondents (97%) agreed with justifications such as *"Dying in the comfort of the family is the most human form"* or *"It is fundamental to assure quality of life",* however the few disagreeing have justified as follows *"The patient may ask for discharge, but there is no support for the so-called discharge at request"* or *"It may bring legal problems to the physician due to discharge by lack of legal support"*.

Resolution was considered ideal by 67% of respondents, adequate by 26%, and inadequate by 7% (Chart 2). The opinions of assistants and residents were not statistically different. The reasons of those considering the resolution ideal were: *"Ideal for the Brazilian reality"* or *"Efforts should be made to inform and change the culture of the population"* and even that *"It is the physician's duty to decrease pain of patients and relatives"* or *"Quality of life should always be looked for"*.

Those considering the resolution adequate said that *"A multidisciplinary committee should be created to, when necessary, mediate physician-patient relations, especially in situations overloaded with emotions"* or *"A consensus of at least three physicians should be obtained before the final decision",* or even *"It only supports the physician so that he does not suffer the legal consequences of a more than consummate act"*. Respondents considering the resolution as inadequate referred that *"There should be hospital committees which would be in charge of relatives and patients handling, such as an interconsultation of palliative care"* and that *"It does not contemplate the possibility of euthanasia"* or that *"More details about to what extent medical actions may be possible"* are needed.

When asked whether they had already thought about putting orthothanasia into practice, 93% of respondents answered positively to this possibility, being 97.5% of assistants and 89.8% of residents.

There has been no statistical difference between the opinions of residents and assistants. Among justifications presented the most important were *"This is an issue of human ethics"* or *"In addition to sensible, it saves resources for patients with real prognosis"*. Those who had not thought about this possibility have given just religious reasons.

DISCUSSION

The right to life is inviolable and this inviolability is assured by the Federal Constitution, which consecrates life as the most fundamental right. So, no one shall be arbitrarily deprived of his right to live under penalty of criminal liability, and the Penal Code provides sanctions for people violating this right.

The idea of interrupting human life, even in advanced stages of affections which very probably shall lead to death, has always been dealt with lots of parsimony in Brazil.

In the compilation of the work of Hippocrates, considered the father of medicine, medicine is defended as from three objectives: "relieve patient's suffering, decrease the violence of his diseases, and refuse to treat those totally invaded by their diseases, admitting that in such cases medicine can do nothing"[5]. However, due to advances in medicine, physicians are no longer treating the person and are treating the disease of the person, forgetting the teaching of unknown author aphorism "cure sometimes, relieve very frequently and comfort always", which has naturally flourished as the synthesis of the medicine itself and the physician's commitment to suffering people.

Information obtained from relatives of elderly and severely ill patients allowed to conclude that 55% of patients were conscious three days before death; 40% suffered unbearable pain; 80% presented with severe fatigue and 63% had extreme difficulty to bear the physical and emotional suffering they were going through. In this situation, when death is imminent and unavoidable, one may consciously renounce to treatments which would only bring a precarious and distressing prolongation of life[6].

The opinion of physicians being trained and of those already in daily clinical practice about the possibility of practicing orthothanasia was unanimous. Research has shown that the opinion of 1st and 5th year medicine students about terminality of life is different, being influenced by the advance of the medical course[7,8], however our research has not identified differences in opinion about terminality of life between resident and assistant physicians, several with many years of experience.

Medicine courses and hospital training normally prepare future physicians to save lives, however, in general, little is taught about the art of dealing with death, because the biotechnological revolution makes possible the almost endless prolongation of dying. However, medical schools are bebcoming concerned with inserting in their curricula the study about the finity of life[9,10].

Although studies have confirmed the incapacity of future physicians to deal with death, in our study this was not evidenced because opinions of residents were not different from assistants' opinion, suggesting that recently-graduated physicians seem to be more qualified to deal with death, being that the vast majority has a well-established opinion about artificial prolongation of life. However, more experienced physicians have shown better knowledge about the resolution as compared to resident physicians, but only 49% of respondents had previous knowledge of the resolution although all respondents were directly related to terminal patients care for working in ICUs, and even so, half of them did not know that the practice of orthothanasia is ethically accepted.

All respondents are in favor of orthothanasia, duly justified and recorded, with the justification that very often patients are unable to understand their prognosis, opinion supported by other authors about terminal patients, according to whom patients in this stage do not know their prognosis, thus being unable to make a fully qualified decision[11-13]. Similarly, this result is in line with results of a study which has shown that only a small percentage of French physicians (< 17.5%) would feel uncomfortable for not using techniques to indefinitely prolong the life of terminal patients[14].

It is a consensus among respondents that the physician has the duty to explain to patients or their legal representatives the adequate therapeutic modalities for each situation, and that patients should receive all necessary care to relieve symptoms leading to suffering, being assured integral assistance, physical, psychical, social and spiritual comfort, including the right to hospital discharge to be able to die close to their relatives.

When it is clear that recovery is impossible, a prudent judgment is needed to allow patients to die as a consequence of the natural history of their disease, being ethic the withdrawal of treatments, especial-

ly when they cause suffering, provided pain relief drugs are administered[5].

After the safe terminality diagnosis, medical behavior shall be that of listening to a multidisciplinary team, including psychologist, nurse and social worker to look for a decision and protect himself, in addition to recording the procedure in the medical records[15].

After admitting that patient is incurable, curative therapy should be replaced by palliative therapy, recovering the Hippocratic medicine objectives, with the physician understanding that he should evaluate the validity of investment at the end of life of his patient, his values and options, allowing the patient to regain the role of protagonist in the process of his own death, which, if possible, should be in peace and close to his beloved ones[5].

Although understanding that the resolution was a major advance to adequate medical practices duly based on a reality allowed by modern and efficient technology, and in spite of having already thought about the possibility of practicing orthothanasia, respondents missed a specific legislation to legally regulate this practice.

However, for some authors, it is the physician, regardless of specific legislation about terminality of life, who ends up deciding, respecting the will of patients or of their legal representatives, about the implementation or not of orthothanasia. As stated by these authors, in spite of the existence of a legislation allowing physicians to use these techniques, it is only useful to safeguard the physician after listening to the patient. So, the full awareness of medical and non-medical classes seems to be the key for the success of such measure which is often necessary[16].

Maybe the existence of a committee, as suggested by respondents not considering the resolution ideal, could be adequate to mediate between patient, physician and the family, to discuss the subject, because they understand that conditions to practice orthothanasia should be more detailed.

CONCLUSION

Most physicians were favorable to the practice of orthothanasia, principle which aims at decreasing the suffering of patients and relatives, provided the will of the person or of his legal representative is respected, duly justified and recorded in the medical records and that the patient continues to receive all necessary care to relieve symptoms leading to suffering, being assured integral assistance, physical, psychical, social and spiritual comfort, and the right to hospital discharge.

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