

Submission Topic: End-of-Life Care in Oncology: Ethical and Clinical Dilemmas

Full Name:

Beulah Elizabeth Koshy

Name of the Institution:

Kidwai Memorial Institute of Oncology, Bengaluru

State:

Karnataka

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

Ethical & Clinical Dilemmas in End-of-Life Care & Their Solutions End-of-life (EOL) care presents complex ethical and clinical dilemmas that require a delicate balance between patient autonomy, medical ethics, and compassionate care. Below are key challenges and strategies to address them.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

You are required to describe various ethical and clinical dilemmas in end-of-life care and ways to address these conundrums.

Ethical & Clinical Dilemmas in End-of-Life Care & Their Solutions End-of-life (EOL) care presents complex ethical and clinical dilemmas that require a delicate balance between patient autonomy, medical ethics, and compassionate care. Below are key challenges and strategies to address them.

1. Autonomy vs. Medical Paternalism

Dilemma:

- Patients may request to continue aggressive treatments, even when they provide no benefit.
- Physicians may feel obligated to make decisions in the patient's "good interest", thus overlooking patient preferences.

Solutions:

- Involve the patient and family in making treatment decisions together.
- Fill out an ACP after the diagnosis and admit a Living Will right after that.
- Conduct meetings with the ethics consultants to cover the difficult situations.

2. Withholding & Withdrawing Life-Sustaining Treatment

Dilemma:

- Deciding whether to withdraw mechanical ventilation, feeding tubes, or dialysis in terminally ill patients.
- The fear of patients perceiving us as killing or treating patients worse than they deserve.

Solutions:

- Do the Principle of Double Effect and the removal process is done with the intention of reducing pain they are experiencing, not for killing them.
- Use terminal sedation when it is necessary to control symptoms efficiently.
- The hospital should organize meetings of the responsible professional team that will review problematic cases.

3. Physician-Assisted Dying (PAD) & Euthanasia

Dilemma:

- Moral & legal conflicts over PAD in regions where it is not legalized.
- The doctors double minded in their clinical decisions as they respect the patient's request and adhere to the ethical code of "nonmaleficence".

Solutions:

- Intensive symptom control is one treatment and consider palliative sedation to collaborate with them when they suffer refractory pain.

- Make sure the medical workers get the chance for discussing patient's fears, depression, and spiritual distress.
- Hospice & palliative care services may be chosen by family doctors to increase the quality of dying.

4. Futility of Care & Resource Allocation

Dilemma:

- Providing costly ICU treatments with no survival benefit.
- Ethical issues of ICU bed rationing (e.g., ventilation) to patients with poor prognosis.

Solutions:

- Develop futility standards that define when no treatment is to be rendered.
- Promote the integration of palliative care into early-stage advanced life cases.
- Lean on ethics boards & hospital policies to form collective answers to difficult moments.

5. Family Disagreements & Emotional Burden

Dilemma:

- Conflicts between family members on treatment goals (for example, some want full intervention, whereas others prefer comfort care).
- Feelings of strain and helplessness for the family members and medical personnel when it comes to life-and-death situations.

Solutions:

- The doctors will organize a family gathering where they have some members of a varied team (like doctors, social workers, chaplains among others).
- Professional mediators or ethics boards can be adopted by the hospital administrations for solving disputes.
- Offer appointments and counseling for the family and personnel to cope with the loss.

6. Do Not Resuscitate (DNR) Orders & Communication Challenges

Dilemma:

- Some patients/families misunderstand DNR orders as "giving up on care."
- Healthcare professionals may find it hard to talk about DNR orders without having patients become highly emotional.

Solutions:

- Doctors should express themselves in plain and comforting terms to ensure that the patient and their family understand the procedure of DNR.
- Organize talks on goals of care as part of daily routines.
- Decrease DNR orders if this is the wish of the patient and the family.

Conclusion: Ethical dilemmas in end-of-life care demand a patient-oriented approach that is culturally sensitive and multidisciplinary. The core objectives for this project are to foster deep communication, integrate palliative care, and formulate an effective ethical decision-making process to rest on the dignity of patients and to give empathic care.