“Palliative Care and End-of-Life Care”

by

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President

September 13-15, 2017
Presentation Outline

1.) Definition of Terms;
2.) Managing Pain and Suffering;
3.) Palliative Care;
4.) End-of-Life Care;
5.) Euthanasia;
6.) Parting message
Definition of Terms

- **ACL** – Advanced Care Planning
- **EoL or End of Life** – stage in life prior to eventual death; terminally ill;
- **Euthanasia** or “mercy killing” – the act of practice of killing or permitting the death of a hopelessly sick or injured persons or animals with as little pin as possible for reasons of mercy;
- **Palliative care** – providing care to ease pain or discomfort without curing.
Palliative Care-Managing Pain and Suffering

- Counseling - providing emotional support;
- Education - to understand the course of disease;
- Allay fears
- Assure patient of the safety of management;
- Mental diversion, music and play therapy;
- Multidisciplinary Approach
- Manage expected / common complications;
- Physical exercise and proper physical movements;
- Pharmacologic management.
Pharmacologic Management

- WHO Analgesic Ladder;
- Multimodal Analgesia.
- Relieve pain with opioids by titration, providing maintenance dose via various routes: oral, enteral, IV, subcut;
- Deliver opioids, ketamine, benzodiazepines, dexmedetomidine using Patient-Controlled Analgesia pump via or subcutaneously.
EUTHANASIA

**Active Euthanasia**
- also known as “mercy killing”;
- It is a crime in the Philippines (murder);
- Not even assisted suicide or assisted euthanasia is allowed in the Philippines.

**Passive Euthanasia**
- **Withholding Life Support**—depends upon the wishes of the patient; Advance directive signed by patient while he is still in full control of his cognitive function.
- **Discontinuing Life support**—in this instance, there is already an on going life support and equipment.
- principle of **extraordinary care**
“Extra-ordinary Care”

- If the present gadget or medicines are no longer of further use due to futility;
- The futility of medical care must be well explained to all concern especially the family;
- Ordinary care still deserves to be provided like nutrition for symptomatic pains, fever or infection;
- There is no element of killing because the natural process of dying is allowed to take its course without unnecessary outside intervention.
At the END-of-LIFE

- Educate patient, family and caregiver to be aware of might happen at the EoL;
- ACP and ask patient to write the will;
- Ask patient where he wants to spend EoL.
- Family members to help patient in EoL;
- Manage symptoms and complications;
- Provide minimal sedation if needed;
- No euthanasia
In the Philippines, it used to be that the family decides for the patient given the cultural closeness of the Filipino family. But as time passes by, there is a slow shift to recognize and give much respect to the decision of the PATIENT as he/she becomes assertive of his/her right to decide for himself/herself (principle of self-autonomy). The burden of explaining to the patient lies heavily on the physician as he must not be held or pushed, by any ounce of bias in the truth about the patient’s hopeless condition (principle of truth telling).

---- Bu C. Castro, MD, LIB
References


Lecture of Luzviminda S. Kwong, M.D., Pain specialist and practicing Palliative care physician since 1995.
Thank You Very Much