

Ethical Decisions in Palliative Care: How well are Palliative Care Teams prepared to make Them?

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Making decisions related to health care issues is a demanding task. These decisions are influenced by many combined factors related to the patient, their relatives, and the professional as an individual and as a team member, beyond other factors considering the team as a whole. When these decisions are concerned to palliative and end-of-life care, ethical dilemmas or problems may occur (e.g: decisions related to place of care and death, decisions regarding therapeutic interventions for symptom control, decisions about withholding and/or withdrawing treatments, decisions considering truth disclosure and communication, decisions considering patients' autonomy and self-determination, decisions related to the justice and resource distribution). Beside these problems, even though palliative care principles reject any interventions in order to postpone or hasten death, issues such as medical futility, euthanasia and physician assisted suicide need to be reflected and discussed.

According to Garcia (2008), an ethical decision may be made by assuming three pathways: a dogmatic one, where the decision is made according to a certain rule or principle; a dilemmatic one, in which deliberation is made by confronting two principles; a problematic way, determined by a set of "possible worlds", considering both the theoretical frame of ethical principles, values and attitudes and the specificity of each singular and particular situation as well. Considering palliative care, it seems clear that ethical decisions need to be made by assuming and conducting a problematic pathway, particularly due to the fact that end-of-life issues are, without any doubt, complex and influenced by the complexity of life and by the philosophical view each person assumes.

However, even if it is clear that ethical issues in palliative care should be addressed in a problematic way, there are still some remaining questions regarding decision-making processes in palliative and end-of-life care. How are ethical decisions made? Which are the

ethical principles considered in decision making? Which are the most valued ones? Is there a typical decision-process adopted in palliative and end-of-life care? Considering palliative care education, what is taught about ethics, how is it taught and how does it influence ethical reflection and future decisions? How well are professionals prepared in order to make ethical decisions? What is the impact of these decision-making processes upon the team's psychological and emotional well-being?

Considering this, whereas clinical decisions are made in a relatively quiet and safe mood, at least from the professionals' point of view and considering scientific knowledge, decisions regarding ethical problems or dilemmas may highlight a sense of insecurity in those who are implicated in the process of decision-making. Therefore, it is our sense that further developments need to be taken, mainly in two fields: research and education. Through research, some of the questions enounced above may be cleared and ethical deliberation in decisions relating end-of-life and palliative care will be better understood, which will contribute to the development of a basis in order to conduct ethical deliberation related to palliative and end-of-life care and will also improve education about ethics in palliative care. The second direction that need to be taken upon further developments are, in fact, concerned to education in palliative care, namely through a more profound approach to ethical problems and dilemmas, to an ethical theoretical and conceptual frame, and also through teaching methods that combine these aspects together.

References

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