Mrs. H. T. a Case from the Reality
The Lebanese Laws
The Western Laws (in comparison)
Local Regulations (Pain & Palliative)
What are we missing?
Palliative Care is not...

“You’ve got six months, but with aggressive treatment we can help make that seem much longer.”
Mrs. H. T.

- 82 y. o. lady (widow)
- Advanced COPD with Chronic Respiratory Acidosis
- Clear Mind and Cognition
- She, multiple times, clearly stated her wishes:
  - Not to be Intubated
  - Not to be Resuscitated
Mrs. H. T.

- She presented to the ED in Septic Shock
- Source was a Complicated Urinary Infection
- She had a decreased level of consciousness
- The escorting daughter, who was aware of her mother wishes, agreed to the code: DNI/DNR
- Eldest son calls me from France insisting that his mother be intubated and admitted to ICU…
- Sister is under pressure by her eldest brother
Palliative Care is not...
Lebanese Laws:

Law No. 240 Dated October 22, 2012

- Patient Autonomy
  - The physician should always respect the patient’s will
  - Patients have the right to refuse any treatment provided they were informed about the consequences by their physician
Palliative Care:

- When a patient suffers from a life threatening illness, with no hope of recovery, the role of the primary physician should shift towards reducing physical and mental pain and providing comfort.

- This decision should be coordinated however between the patient or his/her surrogate and two physicians; the treating physician and the head of the concerned department.
The law strictly prohibits the physician from assisting to put an end to the life of the patient, that is euthanasia
Palliative care, to be differentiated from euthanasia or physician assisted suicide, aims at improving the quality of life of patients with terminal illnesses by taking care of the various aspects of the disease (psychological, physical and social).
Palliative Care is... CARE NOT KILLING
In Lebanon, the physician may elect not to disclose dangerous diagnosis results or the diagnosis of inevitable death cases.

Not informing the patient about inevitable death fate limits the patient access to palliative care.
Western Laws (in Comparison) Clear Communication

- This is not the case in The UK, USA & France

- Without knowing, the patient will not benefit from the right that the law gives him to refuse life sustaining treatment or refrain from going into curative care oriented medicine
In the **UK**, an advance care plan can be stated by the patient and is reviewed and updated as the patient’s situation or views change.

In **France**, the law allows every person to prepare advance directives which remain in effect for three years unless revoked by the said person.
In the USA where advance care planning is encouraged to tailor palliative care as per patient’s preferences. According to the US medical code of ethics, advance care planning should always be raised with the competent patient during outpatient visits.
The Lebanese Law states:
“The physician should always respect the patient’s will”

How is the “Will” presented?
Unclear:
   Written or Verbal
   Validity
Western Laws (in Comparison) Surrogacy

- Should the patient be incapacitated to express his/her will, the Lebanese guidelines assign the decision to the nearest living relative.

- In the UK, the doctor reviews the medical history of the patient with his care provider (person supporting him, taking care of him) and discusses previous medical decisions made by the patient. If previous advance directives were made, the physician role is to make “judgment” about their validity and applicability in the current setting. Finally the doctor must involve members of the medical team as well as the legal proxy in the discussion before coming out with a final decision that shall be applied. In short, the decision is mainly taken by the physician himself.
According to the French law, the “trusted person or the family” should be consulted first as well as the advance directives if available. The opinion of the appointed trusted person should always be respected except in cases of emergencies.

The same applies for the USA, if advance care planning was not available, major decisions are to be made based on “the best evidence of what the patient would have chosen”. This is called substituted judgment. Failure to reach these substituted judgments in addition to an absent input from the health care proxy would lead to the physician acting by himself according to the best interests of the patient.
The AMA, the GMC guidelines and the French law agree that whenever there is a conflict between sustaining life and relieving suffering, the patient preferences should be respected.

Thus, they all allow the physician to withhold life sustaining medical treatment at the request of the patient.
The Lebanese code of medical ethics is still not very clear about this subject. It does not state explicitly that it is forbidden to withdraw life sustaining medical treatment nor authorize it.
What Are We Missing?

- Mandating the communication of:
  - Diagnosis & Prognosis
- Advance Directives / Surrogacy
- Clear text addressing withdrawal of futile care (Life Support...)

Prescribing Analgesics

That other painkilling method is of course a lot more expensive.
Local Regulations

- Opiates are only be prescribed by Oncologists and (recently) by Anesthesia-Pain Specialists

- Palliative Care has been recognized as a Medical Specialty in July 2013:
  - 1 licensed Physician

- Recognition for the MOPH initiative and for the National Committee on Palliative Care
3. General Medical Council (2010) Treatment and care towards the end of life: good practice in decision making. GMC/EOL/0510
Mrs. H. T. (Cont’d)

- We respected the wishes of Mrs. H.T.
  - She received aggressive supportive care
  - She was neither intubated nor placed on Mechanical Ventilation
  - She sustained a cardiac arrest 3 hours later while in Emergency Department
  - She passed away peacefully and comfortably
    - (No CPR was performed)
We all want to deliver care and compassion to patients . . .

But we must deliver it to each other too!

HOY! I TOLD YOU . . . YOU MUST DELIVER THIS . . . OR ELSE!!
THANK YOU

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