



“Palliative Care and End-of-Life Care”

by

Irineo C. Bernardo III, M.D.

President

September 13-15, 2017

Presentation Outline

- 1.) Definition of Terms;
- 2.) Managing Pain and Suffering;
- 3.) Palliative Care;
- 3.) 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 pain 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 what 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

Bioethics of euthanasia in the Philippines by Atty. Bu Castro , M.D. , former President of the PMA , 2004-2005.

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



Thank You Very Much