



End-Of-Life Care

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Rural Ageing in Myanmar

- Myanmar is also facing the emerging issue of a growing number of older people
- Since most people in Myanmar live in rural areas, "rural ageing" is an important issue.



One positive aspect seen in the was that care-givers preferred to keep the elderly at their homes than institutional stay

Highlighted their desire to maintain the traditional family care system to care for the elderly

Care models other than institutional care are required for the frail elderly

Health of the Elderly in South East Asia – A profile,
World Health Organization 2004





Care by Community

Six million older people 10% are estimated to be vulnerable persons

30% are being looked after by extended families

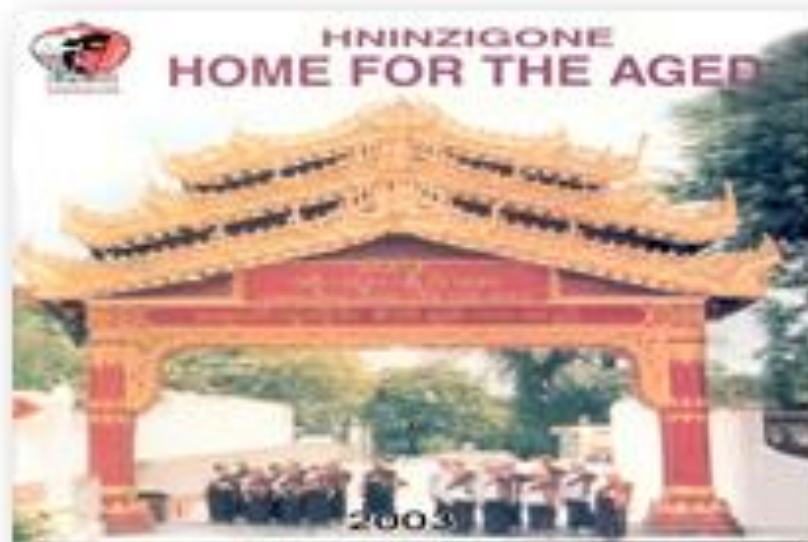
70% to be taken care by the community





Home for the Aged

- **70** Homes for the Aged covering about **2300** older persons
- Provide rice, funds for food, clothes, salary of the administrators.
- Technical assistance is also provided.





Current Programs for Older People

8

- ❑ Home for the Aged
- ❑ ROK-ASEAN Home Care Program
- ❑ Older people Self Help Group
- ❑ Rural Development on Ageing
- ❑ Health Care Project for OPs
- ❑ Day Care Centre (Pilot Study)
- ❑ Paid Home (Pilot Study)





Active Euthanasia and Physician-assisted Suicide

- There is no any legislation (including laws and court rulings) that permits/ tolerates the involvement of a physician in “active euthanasia and/or assisted suicide” for terminal patients in our country



Advance Directive (Living Will)

- In Myanmar Civil Law Advance Directive (Living Will) especially for the medical care and durable power of attorney for health care is very rarely practice



Specific Medical Interventions

Our physicians counsel patients together with their family their preferences about specific medical interventions “ pain management, medically administered nutrition and hydration, mechanical ventilation, use of antibiotics, dialysis, or cardiopulmonary resuscitation “



Role of MMA

Our medical association or any other organization has not established a custom for physicians to check the advance directives (living wills) of their patients



Withholding or Withdrawing of Life-sustaining Treatment

- In our country/jurisdiction, is there no legislation (including laws and court rulings) that permits/ tolerates the withholding of life-sustaining treatment for a terminal patient based on the patient's will to make dying as dignified and comfortable as possible



Views and approaches of our medical association regarding withholding or withdrawing of life-sustaining treatment

The responsible physicians plays the main role in the care of individual patient

There are board members in each and every tertiary hospital to decide what is best for the individual patient



Palliative Care including End-of-life Care

- Treatment is generally provided for pain or suffering (both physical and psychological) of terminal patients by the responsible medical care group (including Physician and Pain management team) for the individual bases



Religion play significant roles in these treatments, especially for psycho-social, and spiritual suffering





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- "Here alone [with legalized voluntary euthanasia] the patient claims full responsibility for the termination of his life. It is equally well ascertained that the patient does it with a full awareness of what he is doing. As far as basic Buddhist teachings of the Theravada are concerned this has to be viewed as an error of judgment. This is certainly in violation of the pledge by every Buddhist to abstain from destruction of life...

Dhammavihari, Director of the International Buddhist Research and Information Center in Sri Lanka, wrote in a Oct. 20, 1996 paper titled "Euthanasia: A Study in Relation to Original Theravada Buddhist Thinking" for the Y2000 Global Conference on Buddhism: In the Face of the Third Millennium:



- "The Dalai Lama boosted the spirits of supporters of legalised euthanasia here saying mercy killing was permissible in certain exceptional circumstances under Buddhist philosophy...
- Asked his view on euthanasia, the Dalai Lama said Buddhists believed every life was precious and none more so than human life, adding: 'I think it's better to avoid it...
- 'But at the same time I think with abortion, (which) Buddhism considers an act of killing... the Buddhist way is to judge the right and wrong or the pros and cons'...

The Dalai Lama, PhD, Tibetan head of state and spiritual leader, was cited by Agence-France Presse in a Sep. 18, 1996 article titled "Dalai Lama Backs Euthanasia in Exceptional Circumstances":



- He cited the case of a person in a coma with no possibility of recovery or a woman whose pregnancy threatened her life or that of the child or both where the harm caused by not taking action might be greater.
- 'These are, I think from the Buddhist viewpoint, exceptional cases,' he said. So it's best to be judged on a case by case basis.'"

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Board for the Decision of Brain Death

- FORM FOR DIAGNOSIS OF BRAIN DEATH
- Patient Name: _____ Reg. No: _____
- Date of birth: _____ Ward: _____
- Diagnosis (including cause of irreversible loss of brain function)
- (Diagnosis is to be made by two doctors who have been registered for more than five years and are competent in the procedure. At least one should be a medical specialist (defined as an anesthetist, a neurologist, neurosurgeon, physician or general surgeon).

Thank You!