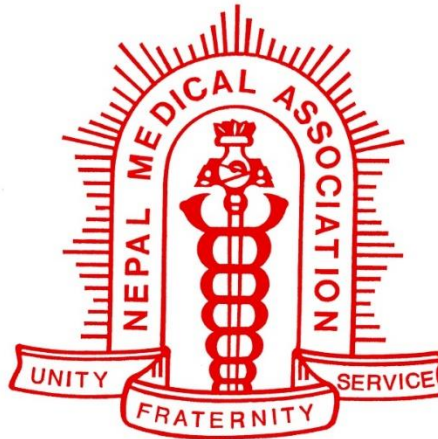


Nepal Medical Association's Presentation for Symposium



Dr. Lochan Karki
General Secretary

Dr. Mukti Ram Shrestha
President

Nepal Medical Association
Siddhi Sadan, Kathmandu

QUESTIONNAIRE ABOUT END-OF-LIFE CARE

- **Information of Your Medical Association**
- Name of your medical association: Nepal Medical Association.
- Contact person: Dr. Lochan Karki, General Secretary
- Email: nma@nma.org.np/drlochankarki@gmail.com

Q1-1. In your country/jurisdiction, is there 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?

No, there isn't.

NMC has recently published Code of Ethics and Professional Conduct Standards but that does not include euthanasia and assisted suicide. End of Life issues have been discussed though.

Q2-1. Is there any legislation regarding an advance directive (living will) in your country/jurisdiction?

No, there isn't.

As far as my knowledge there is no provision of legal advance directive in terms of issues related to life. There are directives in terms of property only.

However the physicians usually get an informed consent regarding goal of care, escalation or de-escalation of life support treatment and withdrawal of care on mutual understanding with the patient's legal next of kin.

Q2-2. Do physicians routinely encourage their patients in daily practice to reflect on and express their preferences about specific medical interventions (e.g. pain management, medically administered nutrition and hydration, mechanical ventilation, use of antibiotics, dialysis, or cardiopulmonary resuscitation), or to identify someone they would want to have make decisions on their behalf if they did not have decision-making capacity?

No, they don't.

No it's not a common practice. However things are changing and some people prefer to talk about these issues now and then. The most common place in hospital for these kind of practice is Intensive Care Unit.

Q2-3. Is there any active effort by your medical association or any other organization to establish a custom for physicians to check the advance directives (living wills) of their patients?

Yes, there are such efforts.

Nepal Medical Council has Ethics Committee and it is doing some work regarding the issue.

Q3-1. In your country/jurisdiction, is there any 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?

No, there isn't.

However it's being practiced especially in ICU by mutual consent of treating physicians and legal guardians of the patient who cannot decide on his/her own. Also as there are no facilities like medicare insurance facilities, the burden of cost is taken solely by the patient party. So in practice withdrawal is done in mutual understanding between caregiver and patient party.

Q3-2. In your country/jurisdiction, is there any legislation (including laws and court rulings) that permits/tolerates the withdrawing of life-sustaining treatment based on the patient's will to make dying as dignified and comfortable as possible if it is found after the life-sustaining treatment is initiated in case of emergency that the patient would not have wanted it?

No, there isn't.

Few cases of Provision of DNR (Do Not Resuscitate) have been seen. But specific laws are not available.

Q4-1. What kind of treatment is generally provided for pain or suffering (both physical and psychological) of terminal patients in your country/jurisdiction?

The palliative care aims to provide holistic care to people with life limiting illnesses, and their families. It includes pain and symptom management as well as end of life care. Services offered are:

- a. pain and palliative care**
- b. inpatient service in palliative care ward**
- c. consultation services**
- d. community based palliative care services**
- e. pediatric palliative care services**

(for pain, free oral morphine is given to patients admitted in inpatient ward. In outpatient clinic more than 60 percent receive morphine as major analgesic. Non-opioids (NSAIDs), adjuvants(antidepressants)are also used. Palliative radiotherapy is practiced for bone metastasis.Also community based palliation caters the emotional needs of patient and family. The use hospital chaplain is not frequently practiced in hospitals of Nepal.However in community settings spiritual practices and family involvement provides much psychological relief.

Q4-2. Does religion play any roles in these treatments, especially for psycho-social, and spiritual suffering?

Yes, religion plays roles

Nepal is a multicultural multireligious country, Religious beliefs are deeply rooted in nepalese society .Dominated by hindu and Buddhist religion, people believe in afterlife in hell or heaven. Accordingly people in their last stages participate in pujas (religious ceremonies) and devote themselves to praying and preaching gods in the belief that their afterlife will be in heaven and the transition from life to death will be easier.This helps patient to be stronger than before in their end stages. However these practices occur when patients have been discharged from hospitals, hospital chaplain use is not much practiced in hospitals itself.

Another practice called jutho(pollution) practiced for 13 days where the deceased mourn the death of a member allows for grieving and psychological support for the family members

Q4-3 Does palliative care provided in your country/jurisdiction commonly involve modern medications such as opioid and new analgesics for pain and suffering experienced by terminal patients?

Yes. morphine was legalized in 2005 and the production of morphine started in 2009. According to SEARO (South East Asian Regional Organization) Nepal ranked fifth in regional morphine consumption of 0.1866(mg/capita). Nepal reached the SEARO mean of 0.167 mg/capita, which is still far beyond the global mean i.e. 6.27 mg/capita. Other drugs like NSAIDs and antidepressants are provided as well.

Q4-5. Although palliative care is an important part of end-of-life care, it is not limited to that stage. In your country/jurisdiction, is palliative care widely provided to patients with any serious illness and who have physical, psychological, social, or spiritual distress?

Yes

With the increase in non-communicable diseases like CAD (coronary artery disease), hypertension, renal diseases, diabetes etc. the need of palliative care has increased for chronic diseases as well. The practice has started in few hospitals of Kathmandu, Pokhara and Bharatpur. The rural areas lack similar concepts of palliative care due to lack of infrastructures.

Q5

5-1. In your country, do you have a law or regulation related to the problem described above?

No there is no law related to the problem.

The next nearest kin decides the treatment plan. Patients mostly go for treatment unless financially constrained.

5-2. If you don't have such a law or regulation, is there any national policy by the government or guidelines of a medical association or medical stakeholder for a physician to decide a treatment plan for such patients described above?

No.

**Thank You for
your kind
Attention.**