

END OF LIFE

Understanding & Practice in Pakistan

Prof. Dr. Muhammad Ashraf Nizami
MD; FRCOS; PhD (Orthopaedics)

President
Pakistan Medical Association



September 13 - 15, 2017
Tokyo, Japan



Tokyo - 2017

END OF LIFE

- End of life is inevitable fact
- Human desire to remain timeless
- EOL significantly important in every part of the world for:
 - Medical
 - Legislative
 - Psycho-social
 - Socio-economic concerns of the society



SIGNIFICANCE OF EOL

- Not addressed in under developing countries including Pakistan
- Arising issue in the country due to:
 - Impact of progress in medical services
 - Uplift in socio-economic status
 - Provision of health facilities to supportive systems (Health Insurance, Institutional Health Facilities, Social Security)
 - Awareness in organ transplantation



MEDICAL OATH AND EOL

- The commitment and oath > debate in management of poor prognosis in terminal stage

Leading to financial and emotional trauma to relatives leaving psycho-social imposition



EOL LEGISLATION

- No law exist in Pakistan
- Law of land and family bond
 - Family bond is significantly strong and helping in the care of terminal patients



SOCIAL CUSTOMS OF SOCIETY

- Joint family system
- Service to elderly as blessing
- Financial and social dependency (feudal style)
- Family response against social criticism
- Religious foundation in elderly care



TERMINAL STAGE AND MEDICAL SCIENCE

- Social values of attendance in terminal stage
- Will of patient with family
- Last movement of life with family

Contradiction with medical science

- Patient management in isolation
- ICU management with ventilation
- * This needs addressal as social & human problem in Pakistan and developing countries with limited resources



TERMINAL STAGE AND MEDICAL CARE IN PAKISTAN

- An extremely important and sensitive issue for the concern family as well as the healthcare provider
- Resource constraints – need of ICU bed and facility for a good likely outcome patient is denied



TERMINAL STAGE AND MEDICAL CARE IN PAKISTAN

- The un written laws followed in Pakistan:
 1. Brain dead – Patients in coma with irreversible cerebral cortex and brain stem dysfunction due to the disease or trauma are unable to maintain existence without ventilation support
“Heart beating cadavers”
These patients are permissible good donors provided the family gives the consent
 2. Vegetative – Patients with cerebral cortex damage only coma prolong “Breathing Cadavers”
Like anywhere in the world withholding medical care is not permissible in such cases in Pakistan



TERMINAL STAGE AND MEDICAL CARE IN PAKISTAN

3. Palliative Care – Patients terminally ill with chronic disease like cancer continue with “comfort care”
 - Mostly looked at home by family due to limitation of resources



END OF LIFE PROTOCOLS IN PAKISTAN

- The issue of EOL in Pakistan is still not define
- Pakistan, an orthodox religious country - this issue not only can be discussed but presently there is no room to make any kind of legislation in this regard
- The ventilator support is only discontinued with the consent of family in poor prognosis
- Withdrawal of ventilation support is after taking opinion from a Neurologist, Intensivist and with the permission of the family not to provide resuscitation if patient goes into cardiac arrest after discontinuation of ventilation support



PMA AND END OF LIFE

- Presently EOL is not addressed by PMA
- Advocacy to clinical staff for patients care and counseling
- Advocacy on use of non-opioid analgesics and opioids in hospitals
- Stress upon government for better health facilities in palliative care
- Awareness and consultation campaign for donation of organs involving the social and religious scholars
- Active role in human organ transplant legislation as member HOTA



