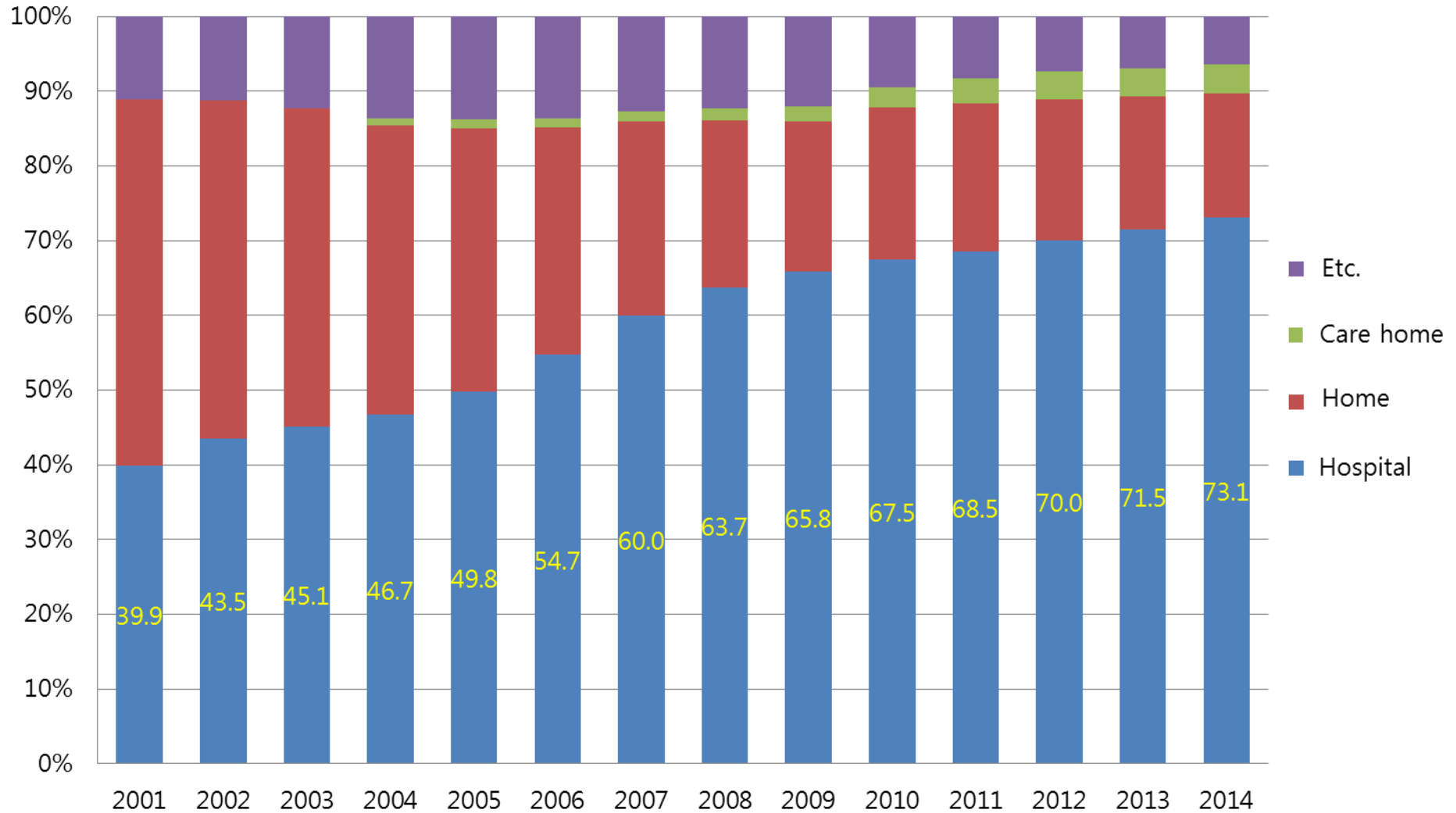


a New Law for Palliative Care & LST in Korea

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Dying Place (2001-2014)



Milestone Case (1)

- Boramae Hospital case
 - 58/M, Chronic alcoholics (1997)
 - Extensive SDH & EDH
 - Wife appeared later wanted DAMA
 - w/ DIC pattern, Discharge allowed
 - Surgeon; guilty for assistance of homicide (2004)
 - “Discontinuation of ventilator = Homicide”

Milestone Case (2)

- Severance Hospital case
 - 77/F, PVS after bronchoscopy (2008)
 - Pt's family sued hospital for “forgoing the ventilator” on her presumed intention
 - Supreme Court admitted 2009
 - Survived 201 days after the judgement
 - Judicial precedent, guideline, law,,,

KMA

- Korean Medical Association issued **Guideline for Withdrawing of LST** (Oct. 2009)



NBC* recommendations

- Medical condition
 - Irreversible, not responsive to active treatment & Imminent death
- Patient's will
 - Clear intention of the competent
 - Presumed patient's will
 - Best interests

* (Presidential) National Bioethics Committee

Medical Conditions

- Irreversible
- Not responsive to Active Treatment
- Imminent death
 - Excluded ALS and PVS

Patient's Will

	To Prove
Clear	<ul style="list-style-type: none">● LST plan (like POLST)● AD acknowledged by physicians
Presumed	<ul style="list-style-type: none">● Previous AD (Advance Directives)● Statements of 2 family members
Best Interests	<ul style="list-style-type: none">● Parents, Proxy, etc.● All family members

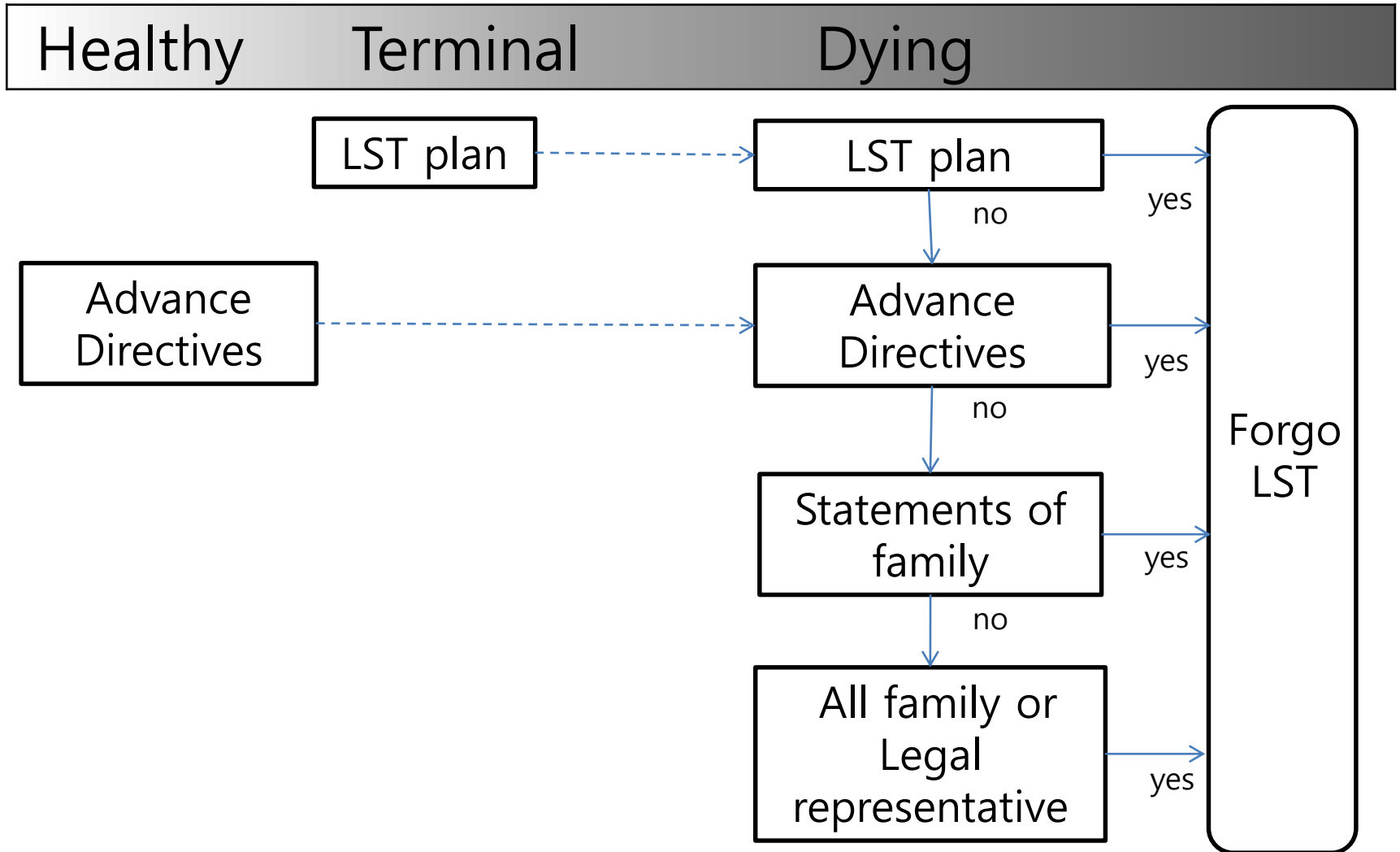
Patient's Will

LST Plan (POLST)	Advance Directive
Hospital	Registry Agencies for AD
Patient + Attending physician	Healthy person
Adult or Minor w/ legal representative	Adult
Adult Guardian is not approved	
Digital registration to National Agency for LST	

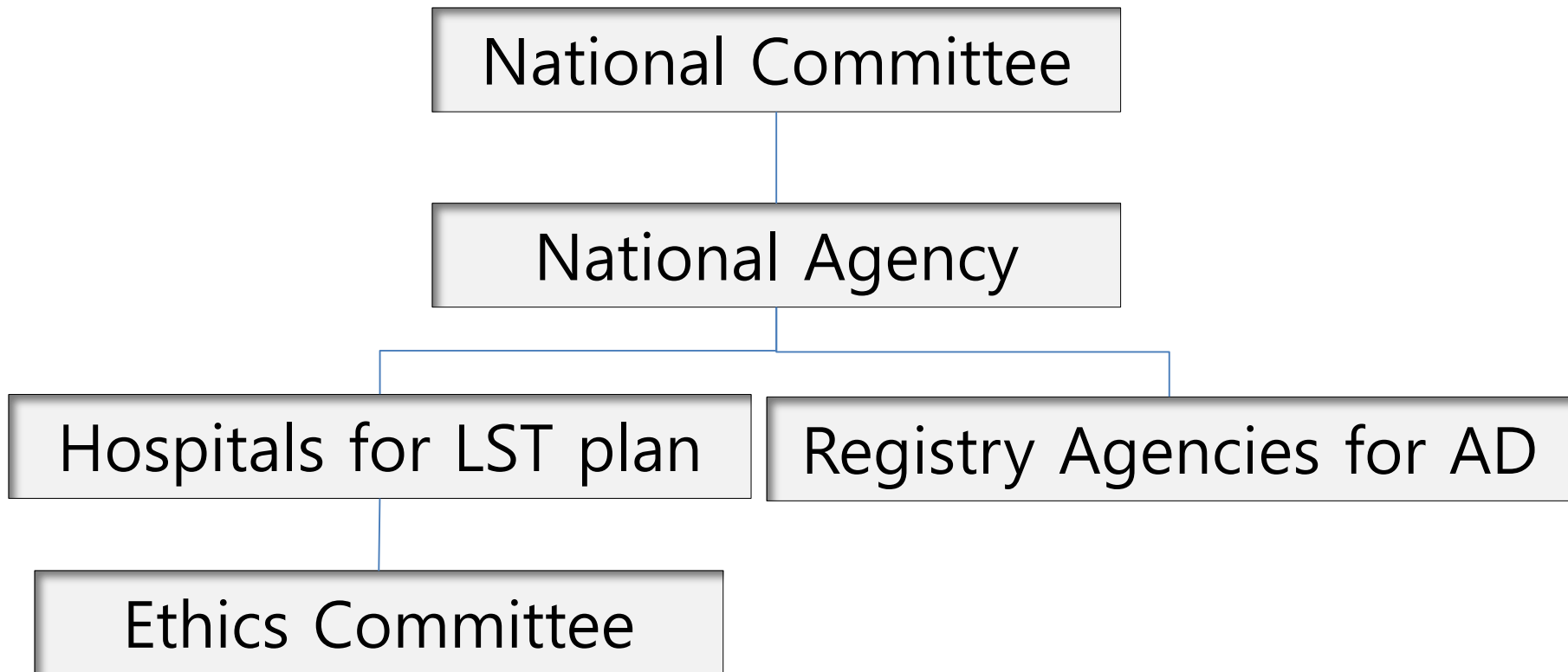
LST that could be discontinued

- CPR, Anti-cancer Chemotherapy, Hemodialysis, Mechanical Ventilator
- *Not ordinary ones, e.g. pain-relief, or supply of nutrition, simple oxygen supply, hydration, etc.*

Practical Process



Governance for LST



- **Min. of Health and Welfare** (Div. of Bioethics Policy)

National Committee for Hospice-Palliative Care and LST

- Major Role; Master plans (every 5 years) & implementation plans (every 1 years).
- Chairperson: Vice-Minister of Health and Welfare.
- 15 committee members

National Agency for the Management of LST

- Database for LST plans and Advance Directives
- Supervision of the registry agencies for AD
- Response to the request for LST plans and AD
- Research & Education

Hospice-Palliative Care

- Terminal Patient w/
 - Cancer, AIDS, COPD, Liver Cirrhosis and
 - Diseases that MoHW designated.
- Types of Palliative care
 - Admission, Home-visit, Consultation (PC team)

Governance for Palliative Care

- Min. of Health and Welfare (Div. of Disease Policy)

National Committee

National Palliative Care Center

Regional Palliative Care Centers

Hospitals and Institutions for Palliative Care

Dying is a Human and Communal Experience, Not a Medical Event.

Staudt C. AMA J Ethics. 2013;15(2):1069-80