

THE LIMITS OF PERSISTENT THERAPY

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ABSTRACT

The growing average life expectancy of human beings is one of the greatest achievements of medicine. From the dawn of mankind, death has been associated with pain, suffering, loss and a series of many other negative emotions. Although it is an inseparable part of human existence, it is difficult to define it unequivocally, and the clarification of this phenomenon has been worked on, from antiquity, by medics, philosophers, clergy and psychologists, seeking to know man in the physiological, psychological, religious, social spheres [1]. The fact is that human life is the highest value, which is why there is a lot of controversy about making the decision to stop persistent therapy. The article is a review of the present problem, namely the cessation of persistent therapy, in an era of the development of medicine.

KEY WORDS: persistent therapy, intensive therapy, death

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INTRODUCTION

Dying should be defined as the last stage of the disease, during which there is a permanent deterioration of the patient, which leads to death in a predictably short period of time. A “terminally ill” person is a patient who has no therapeutic options that would give one a real possibility to cure or stabilize the disease, or a person for whom treatment is not available [2].

CRITERIA OF PERSISTENT THERAPY

The term “persistent therapy” is relatively new and arose along with the huge advances in medicine seen in the 20th century. In some cases it is possible, or even necessary to refrain from withdrawing the patient’s treatment. The ancient Egyptian Ebers and Smith papyruses describe cases of diseases whose treatment, using modern terminology, would be futile or persistent [3]. According to Plato, life based on constant treatment makes no sense for a person and “life is not worth living if he has to spend all his time thinking about his illness”. He believed that that art of medicine must be in a certain order of

things and existing rights, and cannot go beyond it [4]. According to Bartoszek, persistent therapy is nothing more than insisting on prolonging life at any price. It is defined by much more severe expressions, such as: bravery, ferocity or even therapeutic cruelty shown in relation to the patient [5]. Polish law says that both doctors and dentists are obliged to provide medical assistance in any case in which the delay in granting it could lead to the risk of loss of life, serious injury or serious health disorder, and in other urgent cases. Failure to comply with this order may result in the physician’s liability for failing to provide assistance to a person who is in a position threaten with the immediate danger of loss of life or serious health impairment [6]. In Poland, according to the Act on Patients’ Rights and the Patient Ombudsman, the legislator indirectly expresses its disagreement with the provision of persistent therapy. The disagreement is expressed in the provision of art. 20, paragraph 2 of the Act of November 6, 2008 on Patients’ Rights and the Patients’ Rights Ombudsman, stating that the right to respect for the patient’s dignity also includes the right to die in peace and dignity. A patient who is in a terminal

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state has the right to health services that provide relief from pain and other suffering. This is not about indicating when it is necessary to discontinue treatment, but to enforce appropriate treatment of dying patients. We do not find here any precise instructions for a doctor to make such a decision [7]. In search of an explanation of the definition of persistent therapy, one can refer to the consensus of the Polish Working Group on Ethical Issues of the End of Life, which in 2008 stated that "persistent therapy is the use of medical procedures to maintain the terminally ill life function that prolongs its dying, binding with excessive suffering or violation of the patient's dignity. Persistent therapy does not include basic care treatments, pain relief and other symptoms as well as feeding and irrigation, if they serve the well-being of the patient" [8]. The term persistent therapy belongs to the so-called blurred concepts, in that it is impossible to clearly state what is and what is no longer a persistent therapy. This is an issue that belongs to the extremely delicate areas of human spirituality and religiosity [9]. If we would like to compare religious issues according to Orthodox Judaism, patients, with the exception of those directly dying (so-called *gesisah*), in whom the dying process has already begun is considered an irreversible state and must cause death within 72 hours. Then there is no obligation to treat and prolong the patient's life [10]. According to the Catholic Church, a rational and responsible approach to the fact of death plays an important role in solving ethical problems. A key element in the statements of the Magisterium of the Catholic Church is the end of life. Man is a mortal being, and death itself is in fact a dramatic experience. It reveals the weakness of the human condition. It is also an inseparable part of life, its last act. That is why the dignity of every human being is so important. Just as a man needs help and care at the beginning of his life, his leaving this world also requires help and care [11]. At the same time, the Catholic Church emphasizes the possibility of withdrawal of treatment, but requires that all the activities that belong to the so-called primary care should be taken [12]. According to Rubin, whether the therapy is futile or not, one can find out only after its use. Therefore, all these allegations make the argument about the futility of treatment not be enough to make decisions about the failure to take medical interventions. Although a doctor may consider the treatment in vain and not use it, this in turn is only a biased fact, only its subjective evaluation. If

one is refused treatment deemed futile, one should find another doctor who, according to one's judgment and knowledge, will conduct treatment [13]. A common and difficult question that comes up among family members and health care workers is whether we should withdraw treatment and mechanical ventilation? Should we continue our persistent therapy? These are very difficult questions to answer. In particular, the goal of health care professionals is mainly to heal and promote life and health, not to strengthen death. These questions concern people working in the intensive care unit, in particular. Intensive treatment puts medical procedures into practice to maintain the body's functions and treatment of patients in life-threatening conditions caused by potentially reversible failure of one or several basic organs, in particular: lungs, heart, central nervous system, kidneys, liver and coagulation system. The scope of medical services provided in the intensive care unit mainly includes: cardiopulmonary resuscitation; mechanical ventilation; cardiac electrotherapy; renal replacement therapy; extracorporeal techniques of cardiovascular, respiratory and hepatic support; the use of drugs that maintain normal cardiovascular function; as well as parenteral nutrition and antibiotic therapy [14]. Intensive care is a department created to effectively treat severe illnesses and injuries. Modern intensive care units are now a mandatory element of modern hospitals. Intensive care poses a new problem for us which is the prolonged maintenance of organ function which does not lead to obtaining a therapeutic benefit, i.e. survival. Sustaining organ function may be a condition for curing the patient, but it may also prolong the dying process with no benefit for the patient. Unfortunately, in many patients organ failure is not cured. In such cases, futile treatment may aggravate the patient's discomfort. It can be a cause of suffering and moral distress for the patient of the next of kin. The vast majority of patients treated in ICUs (over 80%) cannot make a conscious declaration of will regarding their treatment due to the severe clinical condition or because of the administered sedatives, analgesics and sleeping pills necessary for proper treatment. Therapeutic futility is also used as a synonym for futile and useless treatment which leads to slow and long-term death with accompanying suffering. This is a medical approach that exposes patients to great suffering in order to save their lives. Thanks to this approach, only the process of dying expands, but not life [15]. The re-

duction in treatment may take the form of not taking the treatment or not increasing the intensity of the treatment already provided, or it may take the form of withdrawing. Failure to take or to withdraw any treatment which maintains the function of the organs and which does not benefit the patient shall not constitute a waiver of the duty of care of the sick person on the part of medical staff [16]. Withdrawal is the cessation of the implementation of treatment procedures that have been taken in the past towards the patient, but do not affect the therapeutic result. The reason for this may be their ineffectiveness or complete lack of effectiveness. An example of this is the treatment of cardiovascular support with a constant infusion of catecholamines and the use of intra-aortic balloon counterpulsation in a patient dying due to extensive necrotic-haemorrhagic changes of the central nervous system. The failure to undertake futile therapy refers mainly to therapeutic activities that will not be undertaken in the future due to the progressive dying process. The activities discussed above would be pointless and would not bring any benefits to the patient. The reduction in treatment may be a failure of taking the treatment, not failure of increasing the intensity of the treatment already provided, or withdrawal of the treatment. An example of this type of procedure may be withdrawing from an oncological surgical procedure in the event of progressive multi-organ failure [17]. The basic therapeutic goal is to provide optimal comfort throughout the procedure including: specialist nursing care; the elimination of adverse sensations, such as pain, anxiety, shortness of breath, seizures, fever, *etc.*; as well as providing nutrition and hydration as needed. This procedure is referred to as palliative treatment. This is always maintained, even when organ-maintenance treatment ceases to be effective and justified, and the principles of palliative medicine become an element of ICU proceedings [16].

DISCUSSION IN MEDICAL SOCIETY

In a study by Tałaj and Suchorzewska, 48% of nurses declare an attitude of respect for the dignity of a patient dying as very important, while 38% of respondents consider the patient's dignity as the highest value [18]. The results of Tolarczyk present the opinion of nurses employed in the Palliative Care Ward and in the Intensive Care Unit, saying that over 50% of nurses surveyed expressed the view

that death is a natural final stage in the life of every human being [19].

In 2013, the Centre for Public Opinion Research carried out a study aimed at determining what associations are caused by the term "abandoning persistent therapy", what the respondents understand, what is the social attitude towards both these issues. According to the results of the research, the most controversial is the disconnection of a special apparatus supporting the patient's life functions after an accident, one who has been unconscious for many weeks, has been brain damaged, and it is known that he will never be able to live normally if the patient's family agrees. About half of the respondents (47%) call this situation being euthanized. However, quite a large group (35%) think that, in this case, one should rather talk about abandoning persistent therapy. Moreover, interestingly, a noticeable percentage of respondents combines the abandoning of persistent therapy with euthanasia, the shortening of life or killing. Quite often, respondents explained that they failed to receive health services, including lack of availability of treatment, queues, lack of money to treat patients, refusal to treat patients by doctors, or reluctance to provide care to the elderly [16].

Almost half of the respondents (48%) think that in the case of an incurably ill dying person, treatment should be discontinued if it is known that it will not bring any effect, and will increase the patient's suffering and prolong his/her dying. However, 38% of respondents opposed this opinion is [20]. For example, the practice of solving persistent therapy can also be given to the model of Peter Clark and Catherine Mikus. They devised a model of practical handling of disputable situations for American hospitals and medical facilities associated in the Mercy Health System. It takes into account the right of a physician to refuse to continue with futile therapy, but it is based mainly on an dialogue with the patient or the person making decisions on his/her behalf. The doctor, after explaining the reasons why he considers the treatment to be futile, should propose possible variants of other care, mainly hospice care. In the event of disagreement, the case should be referred to the ethics committee [16].

CONCLUSION

Modern medicine is starting to discuss the subject of persistent therapy more and more often, with articles about dying and death determining the pos-

sibility of extending patients' lives regardless of their quality of life and the real chances of survival, as well as hardship and suffering [21, 22].

In conclusion, a decision not to resume means only that cardiopulmonary resuscitation should not be performed in the event of cardiac arrest or respiration. Other forms of treatment, especially analgesic and sedative treatments, should be continued as required. Ventilation, oxygen therapy, nutrition, antibiotics, fluid therapy and other activities are continued in accordance with current medical practice if they are considered to be beneficial. If one does not take such action, the guidelines for not continuing or refraining from it should be specified regardless of the Do Not Attempt Resuscitation [23] declarations.

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