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POINT OF VIEW/ Nobuo Kaku : Family wishes come 1st during end-of-life care

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THE ASAHI SHIMBUN

Heated debate was provoked in March by the deaths of seven terminally ill patients at a municipal hospital in Imizu, Toyama Prefecture, after their life support was withdrawn.

The incident raised many end-of-life issues that require a long and informed conversation involving not just doctors and other workers at hospitals but also the general public.

The vast majority of Japanese die in hospitals or clinics. One survey shows that only 30 percent of those who want to die at home get their wish.

Since so many Japanese meet their death in medical institutions, it is important for us all to make clear while we can what medical measures we want or do not want at the end of life.

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Many people say they don't want to be kept alive with an artificial respirator. Even if their families decide to respect their wish, however, they often begin to waver when the last moments of their loved ones draw near.

The doctor of a dying patient may tell the family that the patient's heart will stop beating in a couple of days after withdrawing life support. Such an announcement usually upsets the family even if members have accepted the fact that the patient is receiving end-of-life care according to his or her wishes.

Then the family becomes unsure about their informed consent to respecting the patient's end-of-life wishes. There are many episodes that show how people's feelings toward the end-of-life wishes of their loved ones can change dramatically in this kind of situation.

Traditionally, doctors in Japan receive little practical training in taking care of suffering patients whose death is near. Doctors are typically asked by the families of such dying patients to help them have a peaceful death. But it is often impossible to ensure a peaceful death for these patients.

Medical technologies today, though, make it possible to control the intensity and duration of pain. While doctors are allowed to take measures to relieve patients' pain, they must not decide when to let patients die purely from a scientific point of view.

winner in the International Herald Tribune/ The Asahi Shimbun college-student essay writing contest, at the awards ceremony in Tokyo on Tuesday. Four second-prize winners are, from left: Katherine Wilde, Sakura Alice Motomura, Shoko Ishii and Nahomi Ichiki. (Takahiro Yanai/ Staff Photographer)

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The former chief surgeon at the municipal hospital in Imizu has said he acted of his own volition when he pulled out the oxygen tubes from the patients. Since the patients' families had given their consent to the step, the surgeon's actions--from a medical point of view--could be pardonable.

But the question is whether the way he helped end the life of these patients made their families feel that their loved ones had a peaceful death.

Is pulling out the oxygen tubes from a dying patient to cause his or her heart to stop in 10 minutes less painful to the attending family members than, for instance, allowing the patient to die in 24 hours through steps like not increasing the amount of vasopressor when necessary?

In end-of-life care, I believe, doctors should give more consideration to the feelings of the families than to anything else.

Behavior based on high and deep humanity and great sensitivity to people's feelings on the part of doctors is even more important for good end-of-life care than their medical skills and expertise.

* * *

The author is professor emeritus of emergency medicine, Kurume University. (IHT/Asahi: September 26, 2006)

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