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Did distinguishing between euthanasia vs. do not resuscitate order (D.N.R) vs. allowing natural death (A.N.D) help to decision making process in "End of Life" questions?

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The principle of patient autonomy requires that competent patients have the opportunity to choose their treatments amongst medically indicated treatment or to refuse any unwanted treatment. Refusals of treatment and request for treatment are very different in their moral and legal implication. Acceptances of the principle as it is authored exemplify the challenging issues related to decisions connected to "End of Life" questions and the elevation of the confusion related to it. In fact, over the past three decades health professionals, ethicists become aware of the increasing confusion caused by the failure to distinguish the obligation of medical professions physicians and nurses, to respond to patients' request or refusal of treatment, especially to those related to "End of Life" like euthanasia or do not resuscitate order (D.N.R) or allowing natural death (A.N.D). This confusion is due to many reasons like misinterpretation of terms, or the framed misleading in resembling terms. For instance with regard to the patient preference to end his life without suffering, the use of the terms like decisions or choices of end of life can be neither refusals nor request of treatment. This can be understood that the patient had to choose or deny one or more of the end of life options that the physician presented to him. However, the question of the physician compliance to the patient request to end his life does not even arise. In practice, medical professions are morally and legally required to honor the patient request. Honoring special request for special therapy or other acts of end of life had to suit their professional judgment about the legal, moral and medical appropriateness of doing so.

This presentation will expose and clarify the differences and the meaning of these three options of "End of Life" and a way to honor each of them.

Biography

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