

Laws and Ethics in End-of-Life Care: The Role and Challenges of Nursing

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Abstract: The last days of life the law is interpreted as the condition of an intentional person resulting from an injury or an incurable disease and a diagnosis by a physician according to the prognosis according to the medical standard. The condition inevitably leads to near-term death and includes permanent loss of function of the cerebral cortex that permanently lacks the ability to perceive and communicate. Without any behavioural responses that can be perceived there will be only automatic reactions. With medical knowledge, one could only use a tool to prolong life for a while before actually dying in palliative care in terminally ill patients, near death, or patients who are desperate for treatment, such as cancer patients AIDS patients and other chronic diseases that nurses must have knowledge. Understanding the concepts of death and holistic near-death, which encompasses physical, mental, social and spiritual aspects, and has knowledge in many other relevant sciences and arts, including having knowledge and consideration of rights. And related laws as well as ethics in patient care.

Keywords: Laws, Ethics, End-of-Life Care, Nursing, Palliative care,

1. Introduction

Ethical rule is different from the law (Legal & Law). Ethics is the principle or standard of conduct. With good, bad, right and wrong by helping to understand the actions of the person and be able to decide the actions of the person.² Ethics have two meanings. For the benefit of oneself and society.” Generally, a person's ethics is derived from religious morality. For example, from the Five Precepts in Buddhism, it is the source of ethics for Buddhists, namely, be compassionate, be honest. Should have the correct speech should be conscientious in conduct, should be mindful, etc. In addition to morality, there are laws, customs and traditions that are the source of ethics for observing in society.¹ Another definition of ethics “knows what to do what should not be done in any situation, at what time, in accordance with the actual situation. Although it must be based on rational reflection. Not depending on mood personal feelings.” This ethical meaning originates from conscience, conscience. Contemplating what to do and what not to do, and then implement it into a good habit. Is a virtue called virtue (Virtue), so conscience Ethics and morality are therefore related³ Nursing is a profession that is based on a person's conscience and awareness of human rights. To meet the needs of society to maintain the quality of fellow human beings physically, mentally, socially and spiritually. Which requires responsible practice based on intelligence Proficiency and morality go hand in hand? The ethics of nurse's means knowing what should what should not depend on the time and place, which must be consistent with the present reality. Solve problems with each patient appropriately and achieve the best results for the patient.

2. Ethical Issues in Nursing

Nowadays, nurses are faced with various problems. That makes it difficult to make decisions and decisions when various technologies have been involved in the harassment Preserve human life to prolong life regardless of the patient's quality of life. The Code is therefore an ethical principle that governs the behaviour and actions of members of the profession. Taking into account the interests and rights of patients first. The benefits of nurses will come second. Ethical or moral dilemmas are any situation that creates the need to choose between two or more paths. With weight or conflicting reasons the values or culture of choosing or not being equal, there is no criterion to determine true wrongdoing or correctness. Characteristics of an ethical problem or to say what is an ethical contradiction are broad:³⁻⁴

- 1) It is something that cannot be resolved from only one aspect of empirical fact.
- 2) It is a problem so complex that it is difficult to determine exactly how to use facts or information to make decisions.
- 3) The effect of ethical problems that arise not only affects the immediate events of the present but has an impact on the future as well
- 4) Such effects occur on both the patient side. Caregivers and family.

3. Ethical Issues Related to Dying Patients

The issue of ethical dilemmas and nursing practice has always been a parallel issue, especially in the care of terminally ill patients. And tend to be more complex and progressively more intense.⁵ facing such a problem is complex and difficult to find a solution or solution. Due to ethical dilemmas it is a situation where two or more of the unsatisfactory choices must be made.⁶ The weight of whether to choose or not to choose is the same. Because each choice is equally important or there is no clear solution to make a choice. Or not sure which option is right or wrong?³ or say Ethical dilemmas are situations where a person has to choose between two equally disliked choices. In general, there is always an unsatisfactory choice of solution.⁴ and there is no standardized conclusion or a fixed principle. But the important issue is as follows:

1) Telling the truth to the patient (Truth telling) and telling general information

Telling the Truth about Diagnosis and Prognosis to Patients with Serious Diseases and terminally ill patients it is a problem that health workers feel uncomfortable. Due to fear that it will cause negative effects such as making the patient feel discouraged But failing to tell the patient the truth leads to a lack of understanding of their own problems. And unable to make decisions about treatment or deal with their own problems according to their own suitability and needs. Generally, it is about the patient's right to information to make informed decisions about whether or not to receive health care services. Patients should therefore have the right to know the truth about their illnesses and treatment plans. But each patient may want to know the truth differently. Information to patients should therefore be considered as appropriate for each patient with the aim of will try to tell the patient the truth as much as the patient wants or can accept.⁷

2) Will the patient himself know that he or she is going to die?

Nurses may understand that patients may not know they are dying if no one tells them. Trying to comfort or deceive the patient to encourage them may be the right thing to do. But on the other hand, we humans are not only able to know that we are dying by telling others or by our own knowledge. But some internal subjective experiences are what let the patient know for himself that he or she is going to die. Perception through the patient's unique internal experience may be expressed even in the unconscious terminal patient. The ethical problem faced by healthcare providers is what should be given to the patient before leaving? In medical ethics, nursing considers giving time to understand patients. And help the patient to experience death peacefully without sickness or suffering. And receive what they want; to help the patient die with comfort and divinity while helping to support the mind of the family Involvement with the patient's family dies according to their cultural beliefs. It is one of the kindness and generosity that the medical department gives to the patient, which is the other side of the holistic approach or supportive care.

3) Confidentiality of privacy rights

The stories about diseases, symptoms and information of patients with all diseases and problems. It is a personal matter of the person. All matters must be concealed. Exceptions include (1) when disclosure is required by law, (2) when a court order is made, and (3) where there is a benefit to society. Which the patient must know and consent to disclose it respects the privacy of the individual (privacy right) in medical treatment with respect to the confidentiality or information of the patient.³

4) Should try to help or stop medical treatment.

The duties and ethics of medical and nursing Human life are precious and life-saving nursing is the first and most important duty one should perform. But cases of terminally ill patients are near death and their symptoms are in order. Today, technological tools have come into play to curb or delay death, prolonging the burden of death.

In the field of medical care providers Trust the effectiveness of scientific methods. Along with the feeling of sympathy for the families of the patients who have lost their loved ones including the feeling that it was their own setback for not being able to save the patient from death. It may be the reason that leads to trying to take risks and hold back. At the same time, there is opinion from the other party that symptomatic treatment and discontinuation of treatment for the patient to pass away peacefully is the right thing to do. The professional nature Health team personnel will look at death in a scientific way: those systems of the body to stop functioning permanently this means ending treatments. But at the same time looking at death from a religious perspective According to the feelings and perspectives of ordinary people, it is another line. Which health team personnel should take into account because it affects the decision to delay death? Including the treatment of patients and their relatives during the time of loss Moreover, one key aspect lies in the acceptance of the fact that death is the inevitable truth of life. This will help reduce the feeling of frustration among health team personnel in self-blame. And trying to induce the patient to suffer more than necessary. Attitudes of the patient and family Religious beliefs and attitudes of patients and relatives towards death it will be part of helping healthcare providers know how to play a role and help patients in the end of life.

5) Allocation of resources means allocating important and necessary medical resources to patients. The ethical dilemma is who decides which patients should be allocated first when resources are limited.⁵

4. Legal issues related to near-death patients

It is a legal and professional ethical duty that nurses must take good care of their patients. And died in peace if there is a failure in the said duties may become an offense of abandoning the patient If such action must be in accordance with the provisions of the Penal Code, Section 307, which states that¹⁰

“Whoever has a legal or contractual duty must take care of those who cannot be self-reliant because of age, illness, disability or mental disability. Abandoning those who are not self-reliant in such a way that is likely to cause danger to life. Shall be liable to imprisonment for a term not exceeding three years or a fine not exceeding six thousand baht. Or both”

Such an offense is a dangerous offence, that is, if the neglect is in a manner likely to cause life threatening. It is considered an offense, but if the abandonment results in a direct life hazard, responsibility arises. Will be a crime against life causing both civil and criminal offenses Even for patients whose NR (do not resuscitate or no resuscitation) order is “no resuscitation”, meaning no technology is needed; general medical care is still needed. That is not to say no treatment or no treatment. Therefore, the statutory duty to maintain and prevent harm to the patient remains.

In the case of end-stage patients near death or despair to death with peace (Euthanasia) or good death (good death) means giving a patient who suffers from an incurable disease. Died without pain to get out of that suffering in philosophy, it is called "euthanasia" or when a patient requests a doctor to stop treatment or help the patient die prematurely in order to escape suffering. Called “Mercy killing”, it is also a matter of very different opinions. Euthanasia is divided into 2 cases.

1) Passive Euthanasia, where the doctor allows the patient to die naturally. Without bringing various tools from modern technology to help extend the life of patients again

2) Active Euthanasia in case the doctor injects or administering medication to allow the patient to die without pain or stopping the aid. For the patient to die peacefully In this case, it could be considered an accelerated death. And is a direct action Reasons to be quoted support that such actions it’s not wrong, so there are still controversies.

Euthanasia may also be voluntarily divided as follows:¹¹

1) Voluntary Euthanasia is a doctor injecting himself to sleep without waking up to find out.

Suffering or have to stop medical treatment on their own Therefore, it is done according to the wishes of the patient. Patients make decisions with complete consciousness.

2) Involuntary Euthanasia. Relatives wish the doctor to stop the treatment and end the life of the patient. Because they saw no benefit to the patient but instead made the patient suffer Health team decisions must be based on good intentions with the patient. Compassion for the patient.

Patients who are late or near death living for the most part like a vegetable, like a tree, or a doll that only breathes. It is a life that cannot respond or perceive anything around it. It is not living with human dignity according to the constitution. Extending one's life to the breath of modern invention. just to see that still alive Not beneficial to patients and relatives In addition to suffering from an unpleasant condition Medical expenses to save lives life extension costs It is not only the burden of the patient's relatives. But it also deprives other patients who deserve treatment. Patients who are late or near death living for the most part like a vegetable, like a tree, or a doll that only breathes. It is a life that cannot respond or perceive anything around it. It is not living with human dignity according to the constitution. Extending one's life to the breath of modern invention. just to see that still alive Not beneficial to patients and relatives In addition to suffering from an unpleasant condition Medical expenses to save lives life extension costs It is not only the burden of the patient's relatives. But it also deprives other patients who deserve treatment.

For this reason, the idea was to end treatment that was only meant to prolong life without a cure for the patient. come back to live like or be close to a normal person The law was enacted to allow individuals to express their intention to refuse treatment at the end of life (Living Will). Currently, *Thailand has the National Health Act (B.E. 2550) announced on March 3, 2007: 10) “Section 12 A person has the right to make a letter of intent not to receive public health services solely to prolong death at the end of a person's life or to end suffering from illness.”*

5. Life's Will and Caring for Near-Death Patients

"Living Will" means a letter of intent not to receive public health services only to delay one's final death or to end suffering from illness (Article 12 of the National Health Act B.E. 2007) Therefore, a will is a document or book written to express a wish or to communicate with one's family or related persons to understand their needs in the final stages of life. Whether choosing a treatment in the last stage funeral arrangements.¹¹

In 2007, Thailand has promulgated the National Health Act. This law deals with making a letter of intent not to receive health care services at the end of life. This in foreign countries is called Living Will or Advance Directive¹²It is an opportunity for Thai people to exercise their right to death with a ministerial regulation certifying criteria and methods of action according to the letter of intent not to receive public health services that are only intended to prolong death at the end of life. Or to end suffering from illness in 2010, in accordance with section 12 paragraph 2 of the National Health Act B.E. Forethought for one's dignity death the essence of the law is to respect the rights of patients and protect health personnel who act according to the patient's intentions. By emphasizing the intention to refuse treatment in the final moments of life in writing as clear evidence.

6. Benefits of making a letter of intent not to receive treatment

A document released by the National Health Commission on Life's Last Needs (Living Will) outlines the benefits of making the book.¹²

1. This will inform doctors and relatives, thereby reducing conflicts between doctors and relatives in planning treatment. When the patient is not in a state of intent.
2. Prevent terminally ill patients from having to suffer from the use of tools such as throat punctures, intubation. Pumping that prolongs mortality that does not improve patients' quality of life.
3. Make patients and their relatives do not have to pay high costs or unnecessary expenses for treatment. Until he had to sell his property until he was depleted to pay for his treatment.
4. Provide opportunities for patients to communicate and say goodbye to their family members while being conscious.

7. Form of making a letter of intent not to receive treatment

1. The patient makes a letter of intent by himself, whether written or printed or using the form according to the given example.
2. An oral statement of intent to a doctor, nurse or close relative without needing to be in writing. Or maybe let someone else write or type it instead.

This letter of intent should be made by people over the age of 18 who can make their own decisions. And can modify or suspend cancellation at any time the correction must be notified to the physician who has been notified before.

The essence of the implementation Letter of intent of persons who do not wish to receive health care services in order to prolong death at the end of life or to end suffering from illness as follows:⁹

Can be done since there is still consciousness by notifying the aforementioned need to the doctor or medical facility. The doctor must explain the probable condition of the disease at that time. Ready to answer all questions of patients until they are sure they understand each other in order to confirm or deny before making such a letter. As for the case where a person expresses his intent, does not have good enough consciousness to communicate. But having made a book, there is doubt in the content of the text and assigns another person to explain the true intention of the owner of the book. The physician must explain the disease condition to the person and give details of the letter of intent written by the patient before following the letter.¹⁰

The intent does not want to prolong life or end the suffering of that illness. The law does not set a pattern. Which means A person can express their intentions verbally or in writing. This is to prevent misunderstandings between patients' relatives and medical personnel or hospitals. Therefore, the National Health Insurance Agency has issued a form of intent of a person as a document in case of not wanting to prolong life or end suffering from illness, which has all the items specified by law. It also identifies life-saving methods that patients want to use or not use, either verbally or by book. There should be witnesses to acknowledge that intention.¹

In addition to making a letter of intent or doing it verbally must deliver the said document or inform the medical team. The practical problem is if the intention is expressed verbally, it will be discussed later with relatives who did not know or did not know the intention of the patient before. Therefore, the verbal intent of a conscious patient would like to suggest more evidence to be clearer by recording a video of the patient's speech

to confirm one more layer of intention in order to help the medical team to work easily. And relatives do not doubt the doctor's work.¹

Therefore, the patient's right to know if he wishes to express his intention not to prolong death at the end of his life or to end suffering from illness is to explain the condition of the disease. Suffering from disease The last days of the sick details or information about his/her illness doctor's opinion make decisions This type of intent form can be requested from every hospital, both public and private. Nurses should advise patients and their relatives to seek as much information as possible to assess their condition. Examine one's emotions to determine whether they are stable, not discouraged, understand their true state or true needs.⁵

8. Conclusion

Caring for terminally or near-death patients Health workers should take into account the rights of patients. and provide protection protect the rights of patients to help get justice and receive proper care to maintain human dignity In addition, in the care of terminally ill or near-death patients, there are often situations that make the people involved, including doctors, nurses, including patients, patients' relatives, or the patient's family. Have self-confidence or conflict on various issues Beliefs in the value of health care, living, sickness, and death lead to ethical conflicts, such as telling the truth to the patient. The issue should be to help prolong life or end treatment, or the issue of Euthanasia, including the will of life, for example. There is also a dispute over the rights and freedoms of the terminally ill patients whether they receive complete justice? However, the law protecting rights and freedoms in Thailand Still insisting on protecting rights for all groups of people which work between doctors, nurses and lawyers that must work together whether it is to protect the right to care for terminally ill patients or protecting the benefits that should be given to the most fair government assistance.

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