Brain death that refers to the irreversible end of all brain activity, including involuntary activity necessary to sustain life, due to total necrosis of the cerebral neurons following loss of blood flow and oxygenation (1, 2). Using brain-death criteria, the medical community can declare a person legally dead even if life support equipment keeps the body’s metabolic processes working. However, putting an end to someone’s life creates many ethical dilemmas. Many patients perceive death as a natural part of life or relief from pain and they may express a wish to die quickly and painlessly. They often ask the treating physician and their family to be taken home and allowed to die peacefully. However, the next of kin may want the patient to be actively treated and kept alive. The physician hopes that the patient will survive and resorts to technical means to keep the patient alive. Who should decide; the patient, the family or the physician?

Take the following examples:

An elderly person with chronic heart disease and severe osteoarthritis leading to major disabilities was admitted to hospital with infection causing kidney failure. His cognitive ability was found to be deteriorating. He could not breathe properly and tracheotomy was advised. The patient’s only request was to go home to die peacefully, but the physician and the family insisted on the treatment. The patient ended up totally vegetative and died in very unpleasant circumstances. His last wish was not fulfilled (3).

A 42-year-old patient had an irreparable aortic aneurysm – the doctors said he may die any time – it could be a day, a month or a year. He had nightmares everyday. He did not sleep thinking that he may not get up the next day. He lived a life expecting death any time with a mental agony that grew every day. Ultimately, he died in an agonizing and painful way.

These patients had one common request that treatment be stopped and that they are allowed to die peacefully. The love and care of their family and empathy of physicians did compel them to proceed with the treatment. Continuation of treatment had no medical benefits except the prolongation of the biological span of life with total compromise on the quality of life.

I am confused as I may one day face such a situation placing my life in the hands of my family and physicians. Does this mean that I am losing control over my life? This is one of the many ethical dilemmas that will haunt my mind for a long time to come.

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References