Death and bioethics in the intensive care unit

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Dear Editor,

Kaneko-Wada et al.[1] present an excellent manuscript about thanatological aspects observed and experienced in intensive care units (ICU).

The process of dying, with its respective mourning in the family, has been profusely studied from the work by Edlich and Kübler-Ross[2] to Bone's[3] life experience, but this phenomenon has particular characteristics in ICUs, since the hope of survival is harbored by friends and close ones beforehand, as there is popular belief that "medicine produces miracles" and that "practically everything is curable."

Anglo-Saxon television series negative influence, where everything is solved in record time, nobody dies, and there is always the technological-human resource for opportune care of an emergency or serious medical condition, regardless of the hour or day of the week, should be pointed out.

Contemporary life, where there is a demand for success and hard work, but with employment instability forcing to constant migration, with an absence of a life rich in social and familiar relations, causes for relatives and close ones to feel disconcerted with the subtlest medical report about the likelihood of their loved one's deceased, with whom life has not allowed to live together enough to prepare for a fair farewell.

At present, death is regarded by new generations as something contra naturam, that it should not exist, let alone be mentioned in a hospital setting.

Although advances of modernity have enabled life expectancy to be increased decade by decade, and hospital outcomes are increasingly better, we have not yet been able to defeat "natural death."

All this has some harshness in the doctor-family relationship as a consequence, since the former tries, within his/her professionalism, to be as clear as possible with regard to the patient prognosis, and the latter struggles not to lose the expectations of his/her sick loved one's survival.

Formerly, clinicians used to say that "the patient gets cured before dying," since they observed a temporary improvement that raised optimism, which was described as "the subject spoke to his relatives," "got out of bed," "asked for something to eat," "was cheerful," etc., and then he passed away. This scenario is quite known by oncologists and pain specialists due to the type of patients they treat.

Physiologically, we know that these false signs of improvement are due to an important adrenergic response to the metabolic crisis that is present and, just as marathon runners refer a "second wind" in the middle of the race allowing for them to conclude it[4], this event occurs in the patient without a satisfactory response.

The bioethics and thanatology topics need to be reinforced in medical and nursing students, with special attention in those who want to work at the ICU, since it is in this hospital setting where these situations occur more often and are harder to handle. A middle point is necessary, where expectations and prognoses meet, thus enabling a warm and professional relationship between doctor and patient.

References

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