



EDITORIAL ARTICLE

Allow a timely death is an option[☆]

Permitir una muerte oportuna es una opción

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With the surprising speed with which the daily appearing interventions of high technological and scientific level for any symptom or disease, it would seem that there is no room to stop, analyze and rethink the utility or futility of its application according to each case. Particularly I wish to refer to a strip of growing population: that of 80 or more years, which today occupies the physician waiting rooms for a solution to their insoluble affliction: the deterioration of old age and the imminent death.

Enormous pressures affect doctors and patients in favor of not limiting the application of advanced technologies in the elderly. There are no clear ethical clinical criteria that may change the direction of the medical intervention to try to make an anticipated, accompanied and dignified death.

Death is still for many omnipotent physicians a defeat, a failure, or an event not to be considered. Often are offered hopes that as long as intervention options exist, it is appropriate to keep going, minimizing the potential complications. Thus, in this demanding and fragile population – although we would want to deny it – an unstoppable chain of requirements that offer to the family a misleading view that “there are no limits” and of immortality, is established. But getting humbly to admit that nothing else must be done, is to practice humanitarian medicine.

From the economic point of view, as the family does not have to pay the value of the service, this is not taken into account. The coverage of social security systems and prepaid medicine seems to have expanded to include what was previously unthinkable given its exorbitant economic value.

The respect for anticipated desires, the futility of intervention and emotional condition of the patient as a thinking person, able to interact with its environment and enjoy the life he has, should be among the priority criteria to initiate or discontinue medical treatments.

And then, another door must be opened: one to accompany to a good end, to procure a good death as the highest priority at that moment. Consider the generous use of opiates, terminal sedation, previous clear and empathic communication between the physician, the patient and his family, leads to the emergence of a peaceful, serene and dignified acceptance of a good end of life while respecting the autonomy and will of the patient.

Extend medical responsibility until covering death contributes to give the patient the security of not being alone and that his family will receive the necessary support to do a good mourning.

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