

## Allied Health Medical Law & Ethics



7/26/2016

### Module E.2 Part B: Death and Dying



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## Criteria for Death

- Absence of heartbeat
- Significant drop in body temperature
- No pupil response to light
- Loss of body color
- No response to pain
- Rigor mortis (stiffness)

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## Cardiac Death

- Heart has stopped functioning
  - Irreversible loss of all cardiac function
- Lack of pulse or respiratory activity
- Considered a legal death

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## Brain-Oriented Death

- Irreversible cessation of all brain function
- Persistent vegetative state (PVS)
- Most states accept this definition of death

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- Unreceptive and unresponsive
  - total unawareness of externally applied and painful stimuli
  - No spontaneous movements or breathing, absence of response to pain, touch, sound, or light
  - No reflexes, with fixed dilated pupils, lack of eye movement, and lack of deep tendon reflexes
- Testing includes an electroencephalogram (EEG)

## Harvard Criteria for Definition of Irreversible Coma

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## Uniform Determination of Death Act

- Individual is considered dead if a person has sustained either:
  1. Irreversible cessation of circulatory and respiratory functions, or
  2. Irreversible cessation of all functions of the entire brain, including the brain stem

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## Active Euthanasia Versus Passive Euthanasia

- **Active euthanasia**
  - Intentional killing of the terminally ill
- **Physician-assisted suicide (PAS)**
  - Physician provides patient with medical know-how or means to end own life
- **Passive euthanasia**
  - Allowing patient to die naturally

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## Arguments in favor of Euthanasia

- Respect for patient self-determination
- Harvest viable organs for transplant
- Relief for the family
- End to patient suffering

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## Arguments Against Euthanasia

- No certainty regarding death
- May find a cure
- Indiscriminate use
- Value and dignity of human life
- Erosion of ethical base for healthcare professions

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## Direct Versus Indirect Killing

- **Direct**
  - Death is result of another person's intended action or inaction
- **Indirect**
  - Death is result of unintentional action of another person

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## Ordinary Versus Extraordinary Means

- **Ordinary**
  - Treatment or procedures that are morally required, such as supplying fluids and comfort measures
- **Extraordinary**
  - Procedures and treatment that are morally expendable, such as chemotherapy, tube feedings, CPR, and mechanical breathing

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## Stages of Dying

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

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## Quality-of-Life Issues

- Measures include:
  - General health
  - Physical functioning
  - Role limitations
  - Bodily pain
  - Social function
  - Vitality
  - Mental health

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## Hospice Care

- Designed to provide care and supportive services to terminally ill patients and their families
  - Comfort measures
  - emotional support
  - pain-free as possible

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## Palliative Care

- Total care of patients whose disease is no longer responsive to curative care
- Provides relief of pain and suffering so patient can die with dignity
- Opposite of curative care

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## Suggested Reference

Fremgen, B.F., Medical Law and Ethics, 5<sup>th</sup> edition (2016). Pearson Education, Inc. ISBN 978-0-13-399898-6

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