

EDITORIAL

When to end life-prolonging measures

The Japanese Association for Acute Medicine has adopted a guideline for the termination of life support of emergency patients in the terminal stage. The guideline is the first of its kind to be authorized by a national association of medical professionals, although some hospitals and universities have worked out their own guidelines. The association should be praised for taking on a difficult issue. The guideline will be helpful for doctors working in emergency wards. It will also effectively prevent termination of life support on the basis of arbitrary decisions made by doctors.

But even with the guideline, doctors cannot know how law-enforcement authorities will handle individual cases of life-support termination and cannot rule out the possibility that they may be targeted in a criminal investigation. It is hoped that the adoption of the guideline will deepen public discussion of medical treatment for terminal-stage patients and whether the state should write a guideline to deter law-enforcement authorities from launching criminal investigations against doctors.

In March 2007, the health ministry formulated a guideline on terminal care. To prevent unilateral decisions by doctors, it stipulated that respect for patients' wishes is "the most important principle" when medically treating those in the terminal stage. But it mentions issues such as the specific circumstances under which doctors can end treatment designed to prolong a patient's life or the conditions under which doctors may remove respirators. The health ministry's guideline followed the launch of a criminal investigation into the

deaths of seven patients at the municipal hospital in Imizu, Toyama Prefecture. Reports of the deaths, which resulted from the removal of respirators, surfaced in March 2006. Law-enforcement authorities have not yet decided whether to prosecute anyone in the Imizu incident.

The guideline newly adopted by the Japanese Association for Acute Medicine does not deal with patients suffering from chronic illness such as cancer. It deals with patients receiving emergency medical service after having been struck by a serious disease or injured in an accident.

What is noteworthy about the association's guideline is that it sets down a definition of emergency patients in the terminal stage. Patients will be regarded as terminal-stage emergency patients if they meet any of the following conditions: (1) They are in a state of irreversible total brain death; (2) they are suffering from irreversible dysfunction of vital organs and have to rely on life-support machines since organ transplant is impossible, (3) it is predicted that they will die within several days even if current treatment is continued, and no other treatment is considered effective; or (4) doctors who have started a treatment have found that a patient is in the terminal stage of illness from which recovery is impossible. The judgment on whether a patient has entered the terminal stage must be the joint decision of the doctor in charge and at least two other doctors.

If it is decided that a patient is in the terminal stage, the doctor in charge must accurately explain the patient's conditions to his or her family members. If the family members want to continue measures that have been taken to prolong the patient's life, the doctor must again explain the nature of the patient's condition. If family members still want life support continued, doctors must comply with their request.

If family members request termination of life support, the doctors must follow the wishes expressed in the patient's living will. When the patient's wishes are unclear, family members use

their own judgment to "make a guess" and the doctors can terminate life support "within the bounds accepted by the family members."

When family members cannot reach a decision or when they cannot be contacted, it is the doctors' responsibility to take measures that are in the best interests of the patient. If the doctors also cannot reach a decision, the ethics committee of the hospital does so.

In terminating life support, the guideline excludes the use of certain drug overdoses or muscle relaxants. It lists only the removal of a respirator or a heart-lung machine, termination of artificial dialysis, a change in the setting of a respirator, a change in dosage, and reduction or stoppage of water and nutrition supplies as options for ending life support. Doctors must record chronologically and in detail the steps taken to end the efforts to prolong a patient's life.

Ensuring transparency in termination of life support is indispensable. It will be important for doctors to strictly follow the guideline and keep detailed records. Such records will be of great help in stirring public discussion and forming a consensus on medical treatment for terminal patients.

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