

EDITORIAL

How to implement the withdrawal of life-sustaining measures: a Dutch perspective

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Friedrich Schiller, Die Räuber

The generic treatment goal of intensive care medicine and its limits

Because of the skilful application of modern intensive care treatment, critically ill patients are now able to survive serious organ failure that would have led to their demise only a few years ago. The generic task of intensive care medicine is to treat these patients with life-sustaining measures, until their organ function is sufficiently restored. Patients should be able to continue their lives outside an intensive care unit (ICU) again – and at least in their *status quo ante*.^[1,2] Despite rendering adequate treatment, however, a certain proportion of patients will succumb to their illnesses or injuries, while others survive only with the burden of profound functional limitations.

The general prognostic uncertainty for individual patients notwithstanding, prolonged organ failure may raise the question whether continuing life-sustaining measures is medically still appropriate and / or whether it is still in accordance with the patient's wishes. If, in the course of a critical illness, life-sustaining measures are not or no longer indicated or if the patient (or the patient's representative) does not or no longer consent to treatment, then a curative treatment goal needs to be changed and end-of-life care should be implemented.^[3,4]

From cure to comfort: end-of-life care

End-of-life care usually includes withholding or withdrawing life-sustaining measures. Once the decision to limit their application has been made, the ensuing overruling goal of therapy is to assure comfort care for the patients and to support their families as well as possible under the prevailing circumstances. However, there appears to be a wide variation worldwide and even within countries regarding implementing end-of-life care and achieving an adequate 'quality of dying'.

^[5-8] The publication by De Graeff and co-workers in this issue of the NJCC^[9] provides a prudent overview of the practical aspects of withdrawing life-sustaining measures and caring for potential symptoms that may subsequently occur, such as pain, anxiety, dyspnoea, excessive production of bronchopulmonary secretions, and delirium. The overview is complemented by a flowchart illustrating the four important steps with regards to the withdrawal of life-sustaining measures: decision making, preparation, drug management, and actual withdrawal.

By clarifying both the procedural steps and the respective medication, where applicable, the authors support intensive care teams in implementing end-of-life care properly. They also describe areas of procedural uncertainty, especially with regards to the question whether patients could or should be extubated when death is imminent and if so under which precautions. Furthermore, the authors emphasise the notion that there is no general need for a prolonged withdrawal process of life-sustaining measures per se, perhaps other than assuring time for the family to have a proper farewell to their loved ones. During the whole process of end-of-life care, adequate communication with patients and their families is paramount, as highlighted in the publication.

End-of-life care: a generic intensive care component

With reflections on procedures applied internationally, the authors give an overview of end-of-life practices in the Netherlands. Clearly, there is no one single best way how to proceed. To appreciate the variability of end-of-life practices and to perhaps broaden their own approaches, readers and practitioners are advised to take into consideration other reviews and statements regarding adequate end-of-life care that have been published recently.^[5,10-12] Due to sociological, cultural, and legal variations, it will likely be very difficult to formulate and implement internationally accepted evidence-based guidelines on end-of-life care worldwide: there are as yet no end-of-life bundles.

However, as concisely stated in the publication by De Graeff and co-workers, end-of-life care is a fundamental component of intensive care medicine. Therefore, those providing this care need to have a comprehensive understanding of its indications, its ramifications, and its implementation.

Disclosures

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