

# Editorial

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## Lorazepam, Midazolam, to faint, to die

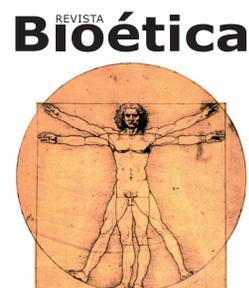
In order to illustrate the importance - for the patient, family and doctors – of the Brazilian Federal Council of Medicine (CFM) resolutions that deal with end of life, we report a clinic case that ended in death. This is about a 83 years old woman that was admitted for complementary examination, but, due to a series of complications arising from the procedure, needed to be transferred to the ICU where she stayed for 19 days, and needed a colostomy and tracheostomy, had to be ventilated and intubated, and because of the worsening of her condition, received indication to undergo hemodialysis.

The physician, who treated her, spoke with the family and exposed the severity of the clinical condition and gave details about the prognosis with and without dialysis. He informed that this procedure wouldn't provide a cure, though probably would prolong the life of the patient. This information, coupled with the question of the professional about the existence of any prior desire, stimulated the family to decide not to accept the proposed treatment and require palliative care. This decision was made because as soon as the patient was admitted, she handed the family a note in which, with shaky handwriting, she indicated with clarity and without a minimal doubt her wish on the situation: "Lorazepam, Midazolam, to faint, to die".

Respecting the wishes of the patient, family members later confirmed that this indeed was her desire. After the removal of the equipment and a comforting bath, through the loving daughters' hands, the patient was treated as she had requested. Contrary to medical expectation that predicted another week of life, she died within two hours. The family, in tears, consoled themselves for having managed to fulfill her last wish: "It was just what she wanted. She left us at the first chance she had."

This real case proves that the population's confidence in physicians comes from the strict compliance, by professionals, of the ancient ethical principles, that ensure that knowledge and medical practice are always directed to the beneficence of the patient. Being proposed since Hippocrates, these principles are expressed in the various articles of the new Brazilian Code of Medical Ethics (CEM)<sup>1</sup>. In this case we may highlight: 1) *the impending of causing harm to the patient, by action or omission, characterized as malpractice, imprudence or negligence*, 2) *the seal to shorten the patient's life and*, 3) *in cases of incurable and terminal disease, the physician has a duty to provide all palliative care available without undertaking unnecessary diagnostic or therapeutic actions, always taking into consideration the wishes of the patient or, in their absence, the ones of his legal representative*.

In light of the commitment of benefitting the patient, the CFM Resolution 1.805/06<sup>2</sup> provides that in the terminal phase of serious and incurable diseases it is allowed to limit or suspend medical procedures and treatments that prolong the patient's life by allowing him the necessary care to alleviate the symptoms that lead to suffering, in the perspective of a comprehensive care, respecting the wishes of the patient or his legal representative. The resolution recommends the physicians to respect the wishes of terminally ill patients, or patients with serious and incurable illnesses, when they choose not to undergo the treatments that will prolong their life - sometimes indefinitely and with great suffering - given the absence of the possibility of healing or improving their clinical condition. So, the one who decides not to be kept alive is the patient, not the doctor, who only meets this desire and determination, not resuscitating patients in cardiac arrest, for example. In this way



the respect for the patient's autonomy is evidenced, an ethical milestone for the transformation of the professional relationship that meets the values of citizenship and human rights.

To eliminate any doubt about the importance of prioritizing the respect for autonomy in the doctor-patient relationship, the Council also issued the Resolution 1.995/12 CFM<sup>3</sup>, which provides for advanced directives of will. By this document, physicians are urged to accept the decisions of the patient about the treatments they do or do not want to receive, if the patient is unable to freely and autonomously express their will. In addition to ensuring the compliance of the previously and expressly manifested desires by the patient, the resolution on the anticipated directives will also collaborate to avoid misunderstandings in the interpretation of the provisions of CFM Resolution 1.805/06, in relation to the intentions of the patient with terminal and incurable illness regarding the extension of their life.

The disclosure of the case that illustrates this editorial was authorized by the patient's family, who thus hopes to raise awareness among health professionals of the need to respect the will of the people under medical care, such as predicting the aforementioned resolutions.

The editors

## References

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2. National Medical Council CFM Resolution in 1805, to November 28, 2006. Published in Official newspaper of the Union Nov. 28 2006, Section I, P. 169. Available: [http://www.portalmedico.org.br/resolucoes/cfm/2006/1805\\_2006.htm](http://www.portalmedico.org.br/resolucoes/cfm/2006/1805_2006.htm)
3. National Medical Council Resolution n 1,995, of 9 of August of 2012. Published in Official newspaper of the Union 31 ago. 2012, Section I, P. 269-70. Available: [http://www.portalmedico.org.br/resolucoes/CFM/2012/1995\\_2012.pdf](http://www.portalmedico.org.br/resolucoes/CFM/2012/1995_2012.pdf)