



MINISTRY OF
SOCIAL AFFAIRS AND HEALTH
National Advisory Board on Health Care Ethics
(ETENE)
Ritva Halila

OPINION

Rec no.
29/05/2002

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Ministry of Social Affairs and Health
Health Department, Health Services Branch
Ministerial Counsellor, Legal Affairs Pekka Järvinen
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Subject THE PARLIAMENTARY OMBUDSMAN'S REQUEST FOR OPINION

In his letter of 16 September 2002 to the Ministry of Social Affairs and Health the Parliamentary Ombudsman asked that the Ministry obtain an opinion of the National Advisory Board on Health Care Ethics from the ethical point of view on a complaint regarding a decision to give up the resuscitation of a patient in a situation described in the request. Therefore the Ministry's Health Department has requested the Advisory Board to give such an opinion and submit it to the Department's Health Services Branch by 30 November 2002.

The Advisory Board has discussed the issue at its meetings on 8 October 2002 and 27 November 2002. Based on these discussions it would like to state first that it cannot take a stand on individual cases but only deals with issues of the said kind from the point of view of principle. The Advisory Board has not had any other material at its disposal when dealing with the complaint in question. Therefore this opinion is not a direct expression of opinion on the complaint.

The Advisory Board further states that it has in its publication "Kuolemaan liittyvät eettiset kysymykset terveydenhuollossa" - Ethical issues related to death in health care (Publication 4 of the National Advisory Board on Health Care Ethics, Helsinki 2002) extensively dealt with ethical issues related to this area from the point of view of resuscitation situations, too. The publication includes an article on this theme by MD Maaret Castrén. The publication is attached to the opinion.

A human being is in all situations entitled to good care. When the cause of asystole is unclear or it is not caused by an anticipated death as a result of a serious illness or injury, resuscitation is a part of good care. The patient's age is not as such a cause for not resuscitating the patient. A decision not to resuscitate a patient is part of the decision-making in which the care staff change over from active care to symptomatic care. As a rule, decisions not to resuscitate should not be made in acute resuscitation situations but the care decisions should be made in mutual understanding with the patient and his or her relatives. There should be, especially for long-term patients, a care plan that is followed and adjusted all the time. All too often the information of a decision not to resuscitate has not been recorded clearly enough, and thus it is not at the disposal of the health care professionals on duty. In a sudden situation it is necessary to act quickly, and then the doctor on duty has to make decisions using his or

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her best judgement. The information obtained from the patient records and from the relatives affects the measures to be taken.

It can hardly be stressed too much that the objectives and line of care as well as different future situations should be discussed in advance as openly as possible with the patient and relatives taking into account their wishes. The discussions with the patient and relatives in advance always facilitate both the decision-making in acute situations and the subsequent investigation of the case. When assessing the resuscitation decisions the prognosis is of primary importance, and so is the will expressed by the patient. Also the quality of life to be acquired affects the care decisions. The decisions must always respect the principle of good care and the patient's human dignity.

A careful discussion afterwards often contributes to dispelling any doubts and creating the prerequisites for a competent, humane and diversified assessment of the decisions and events.

Helsinki, 27 November 2002

For the National Advisory Board on Health Care Ethics

Martti Lindqvist
Chairman

Ritva Halila
General Secretary

APPENDIX: Kuolemaan liittyvät eettiset kysymykset terveydenhuollossa / Ethical issues related to death in health care (Publication 4 of the National Advisory Board on Health Care Ethics, Helsinki 2002)