***Is terminating life the right decision?***

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***Abstract***

*Daily doctors in practice face a number of ethical dilemmas .Every patient being of a different capability make it difficult to make easily make a decision. In addition the struggle is made more if the patient is mentally unable to make a choice, what is the best approach to deal with it. The article discuses a case where it was difficult to make a right decision to a mentally incapable patient and exploring whether the decision of terminating his life was ethical and legal; in addition looking at it in a medical student point of view and the lessons learnt from it.*

**Main Article**

Last summer the registrar on call was called to see a 40 years old patient with severe abdominal pain. He had a history of mitral vulvar disease, rheumatic heart disease, and stroke, which caused him mental retardation. After a CT scan he was diagnosed with acute mesenteric syndrome. The options present were for the intervention radiologist to embolism the thrombus and then an immediate surgery to be done to remove the dead bowel; avoiding the release of harmful chemicals from it, in which after a colostomy to be placed. Upon a multidisciplinary meeting between the anesthesiologist, general surgeon, radiologists, and his parents it was decided to not proceed and only pain killers to be given. This decision was done to avoid the severe complications from the procedure process, decreased quality of life, and small percentage of success of the operation. The next day it was announced that he has died during the night shift.

A number of ethical dilemma underline the situation with this specific patient. The first being the patient himself was not able to make the decision and his opinion was not obtained. If any of the solutions was chosen to be proceed with it has harm associated with it therefore muddle on which option to choose. The ultimate benefit from not proceeding with operation is to avoid complication and bad life, on the other side proceeding with operation he will have a chance of surviving a few more years so ethical weighing must be done to choose the maximal beneficial option. Furthermore, our patient is above 18 years old but unconscious the dilemma raises from who to take the consent on the decision taken from. These dilemmas cause light to be spotted on the ethical principles Autonomy, non-maleficence, beneficence, and consent. [1]

Ethically and legally in this situation the patient can be discussed under the codes 76 and 77 of capacity from the general medical council. The patient according to the legal rules and consideration in the United Kingdom is considered to lack capacity; because of his mental retardation from his stroke and unconsciousness, therefore the doctors must seek what he would have preferred if he still had his capacity. Therefore, taking into consideration his status, a consent can be deferred according to the s63 Mental Health Act 1983 andguidance of the general medical council of 2008. Moreover, a thorough discussion with his parents, since he is unmarried and has no children, has to be done about all the possible options for his circumstance. Also, due to the fact that the patient lacks mental capacity and does not have advanced directives the decision making power goes to the attorney, being his parents in this situation, hence Autonomy tackled in a wisdom, legally, and avoidance of ethical problem. By law Non- maleficence and Beneficence in one lacking capacity to make decisions for himself can be tackled by the doctor, surgeon in this case. The doctor has to accomplish the best for the patient and avoid doing any harm to him. Weighing the risks and benefits in all possible options in such a case the safest and minimal risk decision was taken however a percentage of harm was present in it, but doesn’t overweigh the harm in any other decision. [1][2]

Alternatively, one detour of this puzzling situation can be to file the case to an ethical committee or a legal court to take the judgment, hence doctors working according to the decision they presume. The pros of such a substitute that no one individual, being the doctors or the parents, take the full responsibly of the choice made. In addition to the fact the doctors will medico legally protect themselves; since incredible job of years can be judged just in one error. The drawback from such a substitute is time. Such committees and decisions take a long time to meet and may need more than one meeting, which in this particular situation means more severe pain, complications and may not be feasible since it is considered an emergency.[3]

The decision taken to form a multidisciplinary team meeting involving the parents and only pain killers to be given can be considered the best option once the different tests under the name of “option tests” is applied to the different decisions. This option hold the least harm over the others, hence it scores the harm test. Regarding the publicity test, publically it will not cause a concern since it is considered an emergency and the parent’s point of view has been taken into consideration. The surgical registrar can defend himself, once every member of the multidisciplinary team signs the legal required documents, scoring positive in defensibility test. Colleague test is counted since their point of view has been taken which support the decision. Professional and Organizational tests both support the option since the legal protocol has been followed and the medical law codes have been monitored in dealing with this case. However, the answer to the Reversibility test cannot be easily taken since the other option has some benefit and the taken option has harmful percentage, therefore “can’t tell” will be the best response to it.[4]

I have learned that one case can have various ethical principles within it and sometimes no right option is present.

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