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Ethical Considerations of Palliative Care for Advanced Cancer

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Abstract: With the global aging population and lifestyle changes, the incidence of malignant tumors continues to rise, making it one of the major threats to human health. Currently, clinical treatments for malignant tumors mainly include surgery, radiotherapy, chemotherapy, among others, which can effectively control the progression of the disease. However, compared to early-stage tumor patients, the possibility of cure for late-stage tumor patients is relatively low. Therefore, palliative care has become a commonly used treatment modality in clinical practice. Palliative care is a comprehensive treatment method aimed at improving the quality of life of late-stage tumor patients. It not only focuses on the patient's pathological condition but also emphasizes the treatment of the patient's emotions and psychology. From the perspective of bioethics, the main focus of palliative care is the dignity of the patient, providing full care and alleviating pain caused by the disease in the final stage of life, thereby improving their quality of life. Therefore, this article explores the ethics of palliative care for late-stage tumors.

Keywords: late-stage tumors; palliative care; ethics

Palliative care is a comprehensive medical service designed to improve the quality of life for patients with end-stage diseases in clinical settings. The core philosophy of palliative care is to provide patients with comprehensive treatment measures through a multidisciplinary team, including managing physical symptoms and providing psychological support to patients. Within palliative care, healthcare professionals can help patients adopt a positive and optimistic lifestyle, alleviate the suffering of terminally ill patients, and guide them through the final stages of life. Palliative care is not only suitable for patients in the terminal stage of illness but can also be provided to patients at an earlier stage. Under modern medical theories, palliative care emphasizes holistic interventions for patients, meaning that the medical team not only provides pharmacological treatment but also offers physical therapy, nutritional support, psychological support, and spiritual care services to patients. The application of palliative care in clinical practice embodies the ideal model of modern healthcare, focusing not only on the biomedical treatment of the disease but also on the quality of life of patients, ensuring their dignity and comfort in the late stages of life. Therefore, this article provides a review of the ethical considerations of palliative care for late-stage tumors.

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1. Quality of life

In clinical practice, healthcare professionals provide palliative care with the core goal of improving the quality of life for patients and their families. When assessing patients' quality of life, healthcare professionals consider both objective indicators (such as pain control and symptom relief) and the patients' subjective feelings (psychological, social, and spiritual satisfaction). In daily life, people's quality of life is influenced by various factors, mainly categorized into physical, psychological, social, and spiritual dimensions. In terms of the physical dimension, palliative care focuses on alleviating patients' pathological symptoms such as pain, nausea, and breathing difficulties. On the psychological level, healthcare professionals aim to provide emotional support to patients, alleviating negative emotions such as anxiety, depression, and fear caused by the illness. Regarding the social dimension, healthcare professionals pay attention to patients' family relationships, social participation, and maintaining their normal social status. In the spiritual dimension, healthcare professionals provide support related to patients' beliefs, values, and the meaning of life. Within the philosophy of palliative care, it is believed that when individuals' pursuits are realized and satisfied, their quality of life is high. However, when there is a significant gap between expectations and reality, quality of life may decrease. Therefore, in clinical practice, to ensure that palliative care aligns more with realism, medical teams need to communicate fully with patients and their families, set reasonable treatment goals, and adjust treatment plans promptly based on patients' subjective satisfaction. Additionally, palliative care plans should consider patients' cultural, religious, and personal preferences while aligning with their lifestyle and values.

2. End-of-life medical duties

The medical responsibilities at the end of life are outlined by the American Medical Association's Ethics and Judicial Affairs Committee in its statement on "Decisions to Forego Life-Sustaining Treatment," establishing the ethical obligations of physicians when dealing with terminally ill patients. The statement elaborates on the ethical dilemmas physicians face in clinical practice regarding the maintenance of patients' lives and the relief of their suffering. According to the statement, physicians have a primary duty to sustain life and relieve suffering when treating patients. In cases where these two duties conflict, priority should be given to the patient's wishes, whether directly expressed or indirectly communicated through family members. The statement emphasizes that, under humanitarian principles, physicians may take necessary medical measures to alleviate the pain caused by the disease with the patient's consent. They may also stop or withdraw treatments that cannot improve the patient's physical condition without violating the patient's wishes. However, physicians should never intentionally cause a patient's death under any circumstances. Furthermore, when dealing with patients who are unable to express their wishes and whose life processes are nearing their end, physicians need to balance humanitarian considerations, physical comfort, and the wishes of the family members. They must weigh the prolongation of life-sustaining treatments against the patient's previously expressed wishes. Additionally, the statement specifies that the ethical standards of professional conduct and responsibility must exceed the minimum legal requirements rather than fall below or contravene the law.

3. Principles of Ethics

Ethical principles provide important moral guidance for physicians and nursing teams in medical practice, mainly including beneficence, non-maleficence, autonomy, and justice. When physicians provide palliative care to patients, they need to strictly adhere to these basic ethical principles in order to improve the quality of life of patients with terminal illnesses. In palliative care, physicians not only emphasize respect for the patient's life but also recognize death as an inevitable natural process in the course of human development. Therefore, in palliative care, the aim of physicians is to provide appropriate care and support to patients, ensuring that they can spend the final stages of their lives with dignity and peace. Additionally, in palliative care, there is an emphasis on treating the patient and their family as a "unit of care." Physicians not only focus on the patient's physical and psychological health but also provide emotional and social support to family members, ensuring that they are also cared for during the final stages of the patient's life. Therefore, palliative care not only focuses on the patient's physical treatment but also provides comprehensive care to patients while adhering to the basic principles of medical ethics.

4. Appropriate treatment

The core objective of treating advanced cancer patients in clinical practice is to maintain the patients' quality of life rather than simply prolonging their lives. In palliative care, physicians primarily adopt patient-centered treatment methods that emphasize comfort and dignity in life. They take into account factors such as the patient's biological condition, personal background, and social environment when making treatment decisions. Therefore, treatment decisions should be personalized based on these factors to meet the patient's actual clinical needs. In the treatment of advanced cancer patients, it is not merely a matter of "to treat or not to treat," but rather a careful consideration of "what is the most appropriate treatment." When a physician's treatment measures cannot improve the patient's physical condition, a reevaluation of the purpose of treatment for the patient is necessary. However, for those patients who are near death and have no hope of recovering health, some medical interventions only prolong their lives rather than improving the quality of life. These interventions may be inappropriate or even contrary to ethical principles. For example, interventions such as cardiopulmonary resuscitation, artificial respiration, intravenous fluids, nasogastric tubes, and antibiotics are typically used to treat acute or acute phases of chronic diseases, aiming to help patients overcome the danger and recover health, but they are not suitable for patients with terminal illnesses. In clinical practice, physicians have neither a legal nor ethical obligation to prescribe treatments that merely delay death for patients, nor do they have a responsibility to maintain a patient's life at any cost. Medical treatment for advanced cancer patients is a unified whole, and it is crucial for physicians to understand the ultimate goal of treatment when arranging a treatment plan for patients. Therefore, in palliative care, physicians focus on the patient's overall condition, medical prognosis, treatment goals, potential benefits, etc., providing proactive and high-quality treatment for patients. For example, for a patient with advanced cancer complicated by pneumonia, the appropriate choice may be to use morphine and scopolamine to relieve cough and reduce secretions, while the use of antibiotics may be considered inappropriate because it may not improve the patient's overall condition or quality of life. Therefore, in clinical practice treating patients whose lives are nearing the end, "allowing them the opportunity to die" is the most appropriate treatment approach. The art of medicine lies in determining when maintaining a patient's life becomes futile and deciding when to stop delaying the arrival of death.

5. At the end of life

The emergence of palliative care is largely due to healthcare professionals often feeling powerless when faced with patients who cannot be cured, and this feeling of powerlessness can convey the message to patients that "we cannot help you." This message can make patients and their families feel abandoned and hopeless, thereby losing hope for life. Meanwhile, healthcare professionals' emotional reactions can make patients feel abandoned by the medical system in the final stages of life. However, even when the patient's illness cannot be cured, healthcare professionals can still take measures to provide appropriate support for patients and their families. In palliative care, especially when the treatment of the patient's illness exceeds the scope of medical intervention, healthcare professionals still have a responsibility to provide targeted nursing measures such as pain and symptom management, emotional, and spiritual support to improve the patient's quality of life and physical comfort. At the same time, healthcare professionals can guide patients and their families in making appropriate plans for the final stage of life. For healthcare professionals, facing their own limitations and accepting the reality of "powerlessness" is a process of growth and learning. Learning not to fear or evade powerlessness is one of the essential skills they must acquire. In the treatment of advanced cancer patients, patients and their families do not expect healthcare professionals to cure them; rather, they hope not to be abandoned in the final stage of life and seek care and respect from healthcare professionals. Therefore, in medical education and training, especially when dealing with patients in the terminal stages of illness, greater emphasis should be placed on healthcare professionals shifting from a mindset of "solving problems" to one of "providing support" when treating patients. Healthcare professionals need to recognize that even if they cannot cure advanced cancer patients, they can still ensure the dignity of patients' lives through other means.

Conclusion

In conclusion, in the realm of ethics, palliative care for patients with advanced cancer involves principles and practices that prioritize respecting patient dignity, supporting patient autonomy, and enhancing quality of life. Patients with advanced cancer can participate in the decision-making process regarding their treatment plans, deciding whether to continue treatment after understanding the potential side effects. In palliative care, healthcare professionals strictly adhere to the fundamental principles of ethics, emphasizing the improvement of patient physical comfort and maintaining the dignity and quality of life of patients in the final stages of life. Therefore, in palliative care for advanced cancer, ethics not only require healthcare teams to make comprehensive judgments about patients guided by professional knowledge, empathy, and moral responsibility, but also require them to determine treatment decisions based on patients' personal values and their preferences for treatment goals.

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