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GENERAL INFORMATION

Palliative medicine in surgery☆

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Abstract The concepts and background of palliative medicine, the patient-health team relationship and the right of the patients to receive palliative care, its application in surgery, the criterion defining the terminally ill, proportionate and disproportionate measures, where it is applied and what this consists of, drugs and procedures used, who should administrate them and for how long, the requirements for advance directives and avoidance of therapeutic obstinacy, were reviewed. It describes and reflects their ethical and legal bases. It describes the main changes to the law in México in 2009 and 2012. It concludes that palliative medicine is not against scientific and technological progress, but promotes its appropriate use with respect to the will and dignity of the patient. It should be applied by a multidisciplinary team, who accompany the patient throughout the progression of their condition, strengthening the doctor's and health team's relationship with the patients and their families.

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PALABRAS CLAVE
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Medicina paliativa en cirugía

Resumen Se revisaron los antecedentes y los conceptos de medicina paliativa, la relación del equipo de salud con el enfermo y el derecho de los pacientes a recibirla, la aplicación en cirugía, el criterio que define al enfermo terminal, las medidas proporcionadas y desproporcionadas, donde se aplica y en qué consiste, los medicamentos y procedimientos utilizados, quién debe administrarla y durante cuánto tiempo, los requisitos para la voluntad anticipada y el cómo evitar la obstinación terapéutica. Se describe y reflexiona sobre sus bases éticas y jurídicas, se describen las principales modificaciones de la ley en México en 2009 y 2012. Se concluye que la medicina paliativa no está en contra de los avances científicos y tecnológicos, pero pugna por su uso adecuado con respeto a la voluntad y la dignidad del enfermo, así como la importancia para que esta la aplique un equipo multidisciplinario que acompaña al enfermo durante toda la evolución de su padecimiento, fortaleciendo la relación del médico y el equipo de salud con el paciente y su familia.

Introduction

Palliative describes palliating, derived from the Latin, ''*paliatus*'' meaning to reduce, attenuate, conceal, cover, disguise, forgive, or justify. In the context of health sciences, the first two connotations are the most appropriate, interpreted as mitigate, diminish, alleviate or make bearable any physical or mental pain. The word palliative is often erroneously interpreted and is considered to mean ''doing nothing''. This could not be further from the truth, since doctors and health teams can do a great deal to help patients, despite halting procedures and drug prescriptions that are of no benefit to them. Palliative medicine is therefore the set of procedures and drugs used to control a patient's pain and other distressing symptoms, to prevent their suffering to the greatest extent possible and thus improve their quality of life, respecting their wishes and enabling them to live with dignity.[1]

Although those terms are not used, references regarding palliative medicine are found in ancient medicine practiced in China, Egypt, Mesopotamia and especially Greece, as reflected in different writings such as Ebers and Smith's papyri in Egypt, the Hippocratic Oath of the fifth century BC and Maimonides' Prayer of a Physician in the Middle Ages. Developments of the more recent past include the hospices or continuous care units established by Alfred Worcester in 1935, whose philosophy is expressed as ''the care of the aged, dying and the dead'', and end-of-life management in London's St Christopher's Hospice, where Dame Cicely Saunders and her team, demonstrated the efficacy and efficiency of the integral treatment of terminally ill patients.[2,3]

In order to better interpret and use palliative medicine, thought should be given in answering the following questions: Which patients should received palliative care? What are ordinary and what are extraordinary means? Where should they apply and what do they comprise? Which drugs and procedures should be used? Who should provide the palliative care and for how long? What is an advance directive? What does therapeutic obstinacy comprise? What are the ethical and legal bases of palliative medicine? All of these are questions to which there are no definitive, universally accepted answers, and they have changed over time due to spectacular scientific and technological advances such as extensive oncological surgery with radiotherapy or adjuvant chemotherapy that enable a cure or at least improve the condition of patients for whom up to a few years ago little could be done. The answers to these questions can also vary according to the context in which the patients are treated, the material and human resources available and of course the philosophy and standards of the health institution, the ethics and bioethics of the doctor, of the health team, of the patient and their family, respecting the patient's autonomy and dignity at all times.[4,5]

Patients who should receive palliative medicine

It is generally considered that patients with advanced malignant neoplasms, in a terminal condition due to tumour growth or spread to other organs and/or metastasis, for whom surgery, radiotherapy or chemotherapy have not provided a good outcome, are the only people who should be managed using palliative medicine. However the indications for palliative treatment are more extensive. Patients who have undergone surgery with serious complications that have resulted in irreversible organ and functional impairment are also candidates for palliative care. As are adult or elderly patients with chronic, degenerative disease, for whom surgical intervention or simply the progression of their disease has incurred serious complications resistant and/or irreversible to treatment, in these cases, limiting treatment to procedures and drugs to prevent suffering is indicated to prevent suffering and improve comfort and quality of life. Candidates also include young people and even children with acute disorders, who have often undergone one or more operations, with serious complications that have irreversibly compromised their body's integrity and functioning