

Specialized Nutritional Support and its Ethical Issues

Apoyo nutricional especializado y sus implicaciones éticas

Arianna Omaña- Covarrubias^a, Adrián Moya-Escalera^b and Sócrates López-Noguerola^b

Abstract:

The chronic condition of some pathology may lead the patient to a critical condition or even to an end-stage, putting the multidisciplinary group in an ethical conflict; as well as the family. Considering that the objective of healthcare staff has always been the well-being through prevention and correction of the clinical condition, avoiding, at all times, to relief pain and suffer, now having to address the therapeutic help to a “good death” of the patient. The cultural conditions have changed and death is not perceived the same way it used to be, nor by the society nor the group providing attention and care to the critical or end-stage patient, generating expectations for each case, separating the patient from reason and reality (1). Today, science has had a technological advance having a direct impact on the vital function of the patient, having a direct influence on the time, but mainly on the way of death, focusing the attention on the possible decisions of the seriously sick patient, starting the era of an “assisted death”, as opposed to a natural death (1,2).

Keywords:

Palliative care, assisted death, vital support, critical and end-stage patient

Resumen:

El padecimiento crónico de alguna patología puede llevar al paciente a una condición crítica o incluso terminal, poniendo en un conflicto ético al grupo multidisciplinario que brinda atención; así como a la familia. Considerando que el objetivo del personal de salud, siempre ha sido el bienestar mediante la prevención y corrección de la condición clínica, evitando en todo momento el alivio del dolor y del sufrimiento, ahora teniendo que dirigir la ayuda terapéutica al “buen morir” del paciente. Las condiciones culturales han cambiado, y la muerte no tiene la misma percepción que hace algunos años ni en la sociedad ni en el grupo que brinda atención o cuidados al paciente crítico o terminal, generando expectativas ante cada caso, separándolo de la racionalidad y la realidad (1). Hoy, la ciencia ha tenido un avance tecnológico impactando de manera directa en el manejo de la función vital del paciente, influenciando de manera directa en el tiempo, pero sobre todo en la manera de la muerte; centrando la atención en las decisiones posibles del paciente gravemente enfermo, iniciando la época de una “muerte intervenida o asistida”, por oposición a la natural (1,2).

Palabras Clave:

Cuidados paliativos, muerte asistida, soporte vital, paciente crítico y terminal

considered a death of poor people because of the fact that it happened without medical assistance.

During the 19th and 20th centuries, death has been treated with caution, having a social connotation, even hiding it or considering it as a non-pleasant topic that should be avoided. The evolution of society behaviors regarding death, considers hospitalization to improve their condition. In the second part of the 20th century, the trend is to relief the pain and the symptoms associated to the death process, in such a way that dying at home was

Afterwards, with the technological development, there have been positions that question or suggest the intervention of the patient him/herself regarding the cares he/she wants to have during the death process, describing it as a “dignified death” (1,2).

The persistence and the presence of some or several clinical conditions put the patient in a precarious health

^{a,b,c} Universidad Autónoma del Estado de Hidalgo, Instituto de Ciencias de la Salud.