situation, taking him/her to a sudden death. Today, these patients are classified in the following types:
a) the critical or dying patient, is the one that implies a high probability of death, it could even be expected within a few hours, due to the simultaneous failure or deterioration of organs or systems.
b) the end-stage patient, is the one with a deadly disease. This term should be applied only to those sick people that according to previous experience should die within a relatively short time, weeks more than months or years "without any hope" (3).

In the critical or dying patient, where death is always a threat, it has been discussed the concept of "letting die" with euthanasia, as opposed to "killing", suggesting a mistaken concept linked to the omnipotence of thinking and believing that the patient, a relative or even the healthcare staff itself can avoid death or decide on it, in these patients it is only possible to substitute the cardiac and respiratory functions (4)

The expression of "letting die" brings to mind the idea of abandonment and suggests the possibility of always being able to avoid death and forgets about the concept of futility (5).

To achieve this, it must be considered the use of the vital support, which is perceived from including mechanical ventilation, extracorporeal oxygenation or more complex situations like vasopressor drug therapy, chemotherapy, antibiotics or parental nutrition/hydration, even when they need less instrumentation, they have the same intentional meaning for the critical patient.

The vital support allows not only to substitute the function of an organ or system while treating a disease, but also allows to carry out procedures, treatments and surgical interventions to maintain the essential vital functions. However, it is common that the uncontrolled application of these procedures may lead to an unnecessary extension of agony and death, generating a misconception of medicine's objective, which is not mainly to avoid death but to promote health and to recover it in case of a disease. (6).

For that purpose, it is important to locate and identify the objectives of the interventions or of the vital support itself:

- Healing treatment: it is considered that hydration and nutrition are mandatory.
- Palliative treatment: it is important to consider life quality; therefore, hydration and nutrition may be possible depending on the life quality that is provided.
- Agonizing treatment: having on mind the life quality, hydration and nutrition are contraindicated (7).

Even though intensive and palliative cares have different priorities and objectives, they have common problems regarding the decision making and the appropriateness and inappropriateness of some medical actions in concrete situations.

According to the criteria and experience of experts in palliative cares, they have classified them into six ethical principles: sanctity of human life, therapeutic proportion, double effect, veracity, prevention and non-abandonment.

Identifying as main objective what is stated by the World Health Organization (WHO) which is the following:
- To reaffirm the importance of life, considering death as a normal process.
- To establish a process that does not accelerate nor postpone death.
- Provide pain relief and other symptoms relief
- Include the psychological and spiritual aspects of the patient's treatment.
- To offer a system of family support to face the patient's illness and cope with grief.

These objectives correspond to the conception of the so-called right to die with dignity, not as a right to die, but to a way of dying (8).