
海外招請講演

[IL(E)18]海外招請講演18

座長:丸藤 哲(医療法人 徳洲会 札幌東徳洲会病院救急センター)

Sat. Mar 2, 2019 9:40 AM - 10:30 AM 第5会場 (国立京都国際会館1F Room D)

[IL(E)18]End-of-life care, decision making and palliative care

Jozef Kesecioglu (University Medical Center Utrecht, Netherlands)

【同時通訳付き】

Jozef Kesecioglu is Professor of Intensive Care Medicine at the Department of Intensive Care Medicine, University Medical Center, Utrecht, the Netherlands. He completed his medical education and training in anesthesia and intensive care at the Medical School of University of Istanbul, Turkey, where he was later appointed as the head of the intensive care. After moving to the Netherlands in 1989, he worked in Erasmus Medical Center and Sophia Children's Hospital Rotterdam as anesthetist and pediatric intensivist respectively. He moved to Academic Medical Center in Amsterdam as the deputy director and has become interim director in the same department, before taking up his current position in 2002 in University Medical Center in Utrecht. He has re-organised the four intensive cares and made one department of it before designing and moving to the new, award winning, state-of-the-art ICU. He is currently the chair of the Management Team of the Division of Anesthesiology, Intensive Care and Emergency Medicine.

Professor Kesecioglu was Chairman of the Ethics Section of the European Society of Intensive Care Medicine (ESICM). After finishing his term, he worked in the Executive Committee of ESICM as the elected Chair of the Division of Scientific Affairs. He has also represented ESICM in the workgroup concerning "An official ATS/AACN/ACCP/ESICM/SCCM Policy Statement: Responding to Requests for Potentially Inappropriate Treatments in Intensive Care Units". He was elected as President of ESICM in 2016 and served as President Elect until recently. Currently, he is the President of ESICM until the end of his mandate in October 2020.

Professor Kesecioglu has authored around 130 published or in-press peer-reviewed papers and has been giving lectures in various scientific meetings. His main interests are ethics, intensive care environment and selective decontamination of the digestive tract.

Palliative sedation and palliative administration of opioids after withdrawal of treatment is common practice, normal care and an ethical requirement. The intent of the physician and not the dose of the medicine used is the determinant factor.

The use of confusing terms such as “euthanasia” should be avoided in intensive care units. Withdrawing or withholding disproportionate life support and palliative care in intensive care patients not competent to give consent has no relation to euthanasia which is in response to a patient request to die.

Family involvement in decision making in the ICU varies greatly between countries. Variability may also exist within countries and even between intensivists within hospitals. Studies show that some family members want to share decisions with the physicians but do not want to make decisions alone. Others want to receive information without taking part in the decision at all.

Paternalism is neither equivalent to the lack of involvement of the family in decision making nor indicate bad communication. Intensive care unit caregivers should seek to develop collaborative relationships with their patients' family members, based on an open exchange of information. Paternalism also may reflect a responsibility of the physician for decision making on medical grounds.