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END-OF-LIFE CARE

*Ethical Issues,
Practices and
Challenges*

MARIA ROSSI
LUIZ ORTIZ
EDITORS

HEALTH CARE ISSUES, COSTS AND ACCESS

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ETHICAL ISSUES, PRACTICES AND CHALLENGES

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PREFACE

Human death is a mystery. Although scientists have identified the criteria, states, and signs of biological death, undoubtedly the issues of dying and death have a wider meaning. In this book, the authors present current research in the study of the ethical issues, practices and challenges of end-of-life care. Topics discussed include the challenges in heart failure and end-of-life care; a spiritual perspective of end-of-life experiences; a veterinary oncologist's interprofessional crossover perspective of euthanasia for terminal patients; diabetes and end-of-life care; helping families to cope after the death of a loved one; multidimensional aspects of nursing care for dying patients; spirituality at the end-of-life; challenges of promoting end-of-life care in residential care homes in Hong Kong; and the current situation and challenges of home end-of-life care for the elderly in Japan.

Chapter 1 – Significant, irreversible deterioration in cardiac function and output is a key marker of impending mortality and requires careful end of life care planning. There are currently 1 million patients diagnosed with heart failure in the United Kingdom and 6 million in the United States and many more patients have undiagnosed heart failure. A leading cause of hospitalisation, heart failure patients have multiple end of life needs including symptom control, psychological, social and spiritual support, akin to terminal cancer patients, yet the provision of services and support facilities are far less developed and utilised. Patients and their care givers, including clinicians are also not as well informed about the condition and its prognosis. UK guidelines have highlighted the necessity for improved end of life discussions and unmet palliative needs in heart failure, and focus on community based approaches to end of life planning involving an appointed professional coordinating care with specialist medical and palliative support to increase service provision. Models have shown this has enabled more patients to die at home with only

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