

Abstract zum European Federation of Neurological Sciences (EFNS)-Kongress, Sektion Neuroethik, 7.-9. September 2002 in Wien:

## **Ethical guidelines for the treatment and care of vegetative state/apallic syndrome patients.<sup>1</sup>**

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Introduction: In the past years the controversy of end-of-life discussions about vegetative state/apallic syndrome patients has increased. The differences are determined by the following facts: social changes of attitudes regarding prolonged comatose patients, improvements of nursing and therapeutic technologies, the autonomy of the patient, and decreased financial resources. The dispute has been pushed forward to legalization of the withdrawal of feeding tube. This paper focusses on the development of practical guidelines according to the medico-ethical principles of Beauchamp and Childress.

Method: Evaluation of the declarations of some European Federal Self-help Associations, questionnaires and reports of families, and reports of those patients who regained consciousness.

Results: Vegetative state/apallic syndrome patients are considered to be neither brain-dead nor moribund. By an intensive, structured early rehabilitation program, sufficient levels of remission and of life quality can be obtained for 70% of the patients living within their families. If the patient has declared his living-will by an advanced directive previously, and if this directive agrees with the specific life-situation later on, the carers have to follow this directive. If the patient has not made any proxy decision the carers have to consider the presumed patient's living-will by consultation of the family.

Conclusion: Advanced directives can be helpful in order to consider the patient's living-will with respect. However, life-ending activities such as the withdrawal of feeding tubes are no acceptable solutions for the underlying ethical dilemma. If a patient becomes moribund the mode of care should be changed to a palliative or „hospicive“ one.

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