
6th International Congress on the Improvement of the Quality of life on Dementia,
Parkinson's disease, Epilepsy, MS and Muscular disorders

MEDICAL OBLIGATION IN THE CARE OF PATIENTS IN UNTREATABLE CHRONIC NEUROLOGICAL CONDITIONS, ETHICAL AND LEGAL RULES

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In the individual responsibility for his patient every physician consequently has to follow the ethical rules. The Hippocratic principles and the medical guidelines of the declaration of Helsinki (1964) and Paris (2005) are the basis of every medical care. In the Declaration of the Human Rights (1948) and the bioethical principles (the Belmont Criteria, 1979) the physician of patients faith has to perform the best medical care, representing him as well trained and full educated in modern medicine. He has to provide his ability and willingness to integrate individual clinical expertise and best external evidence following the true evidenced based medicine. The physician has to be free from economic interests.

The patient has to be informed by his responsible physician about all details of his disease and the foreseen diagnostic and treatment programmes. The patient has to decide if his relatives shall be informed. In state of "unable to consent" the solicitor has to get the information from the responsible physician. Every patient has the right to refuse the planned diagnostic and treatment programme as well as to interrupt such programmes. In this situation the physician has the obligation to inform his patient in all details about consequences for his health.

As severest neurological patients in a hopeless condition have to be classified, progressive brain processes (Creutzfeldt-Jakob Disease, Neuro-degenerative diseases, including Amyotrophic Lateral Sclerosis) the end state of Multiple Sclerosis, defectct states after severe acute brain damages like Apallic Syndrome, Locked-In-Syndrome, Minimally Conscious State (different origin) and all defect states after brain damage after the end of any neuro-rehabilitation programme.

All of those patients need intensive medical care with a special supporting programme. The main regulation for patients with severest neurological conditions is the continuation of the basic medication and a fully equipped nursing care with a "continuous activating programme". It is a medical and ethical demand to treat those patients in a special nursing care unit with the main obligation to satisfy in every way the basic needs of a human being. The movement for "Amelioration of Quality of Life" worked out directions to improve for special institutions.

A special demand for patients in hopeless neurological conditions is the absence of any discussion about decision of "End of life", diminishing the vital support and the reduction or the end of the necessary medicaments and the somatic care. Economic considerations are not acceptable. Every hopeless patient has to

be treated in dignity using all modern medical possibilities.

There is no possibility to disregard all medical and nursing care. Every action to shorten the patient's life will be accused as passive or active euthanasia, including the methods of withdrawal of nutrition and liquid supply, even accepted by law authorities. The renunciation of Maximal Therapy in severe complications (like intestinal tract haemorrhage, uncontrolled infections etc.) can be accepted in accordance with the Hippocratic Principles



**INTERNATIONAL SOCIETY FOR AMELIORATION
OF THE QUALITY OF LIFE
FOR CHRONIC NEUROLOGIC PATIENTS**

**6th INTERNATIONAL CONGRESS
ON THE IMPROVEMENT OF THE QUALITY OF LIFE
ON DEMENTIA, PARKINSON'S DISEASE, EPILEPSY,
MS AND MUSCULAR DISORDERS**

***FINAL PROGRAM
&
ABSTRACT BOOK***

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