

knowledge of their perception of the importance of nurse in EOLC. They cope differently in dealing with their emotions in the EOLC of severely stroked patients.

Conclusion: The study shows that Filipino neurologists are very much knowledgeable in the understanding and management of elderly acute severe hemispheric infarct and that they follow a patient-family centered decision making. Great variability of responses are noted when it comes to contents of communication, therapeutic options, understanding of DNR and withdrawal/withholding options. Respondents are all against euthanasia and their Christian-Catholic orientation greatly influence this view. Respondents unknowingly and to a certain extent are already applying the principles of palliative care in the EOLC. Ethical principles are not used in communicating with families though respondents are aware of these to a certain degree. The role of nurses in the care of this patient is critical and important. Filipino neurologists are vulnerable to emotional distress and sense of failure, when confronted with a patient that is imminently dying.

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Brain death (BD) and/or death of a person's life: medical, ethical, philosophical, theological and legal problem

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Introduction: Criteria for definition of BD can be approached philosophically and clinically.

Purpose: 1. To differentiate between these two terms. 2. Does the essence of life reside in a single organ or all organs, 3. To avoid uncertainty in BD diagnosis, 4. BD definitions.

Material and Methods: Data from Medline, Cochrane library, EMBASE, SCI (1965–2009).

Results: Controversies exist for many years. Medicine, philosophy, theology, ethics and law, influenced definitions. This led to the concept of "BD".

1st BD definition: Harvard Medical School (1968).

2. Swedish Criteria (1972) added nonfilling cerebral vessels.

3. British Criteria (1976): BD is brain stem-death, no metabolic and endocrine disturbances, cause clearly established, EEG, AG, CBF not required.

4. US Collab. Study Criteria (1977): re-examination after 6hrs, test CBF.

5. US President's Commission criteria (1981): irreversible cessation of all brain functions, it should be recognized by a) establishing the cause, b) excluding possibility of recovery.

6. German Criteria (1986): irreversible whole brain functions cessation, isoelectric EEG, BAPs, VEPs, TCD. AG are valid but not necessary.

7. Slovak Criteria (1994), similar to previous one.

8. American Academy of Neurology (1995): comprehensive, unresponsive coma, its cause, confounding factors, brainstem reflexes absent, confirmatory tests: not mandatory.

Data on BD criteria from 80 countries showed some similarities and differences. Consensus exists in definition, clinical diagnosis, exclusion criteria. Consensus does not exist in observation time, apnea test, number of physicians, their specialization, confirmatory tests, severity of contributing factors.

Conclusions: 1. Consensus in BD definition does not exist (afterlife, loss of breath, decomposition, cardiac arrest). 2. Consensus exists in using neurological BD criteria: When brain dies, human life is ended. There do not exist two types of death: "BD" and ordinary death. BD means that human being is dead.

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