

„END OF LIFE”: KADA JE VRIJEME REĆI ZBOGOM

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KLJUČNE RIJEČI: ascites; rak jajnika; sepsa; palijativna skrb

UVOD: Etička pitanja se pojavljuju u odnosu medicinskih postupaka i palijativne skrbi, uključujući zabrinutost o opsežnosti i trajanju određenih tretmana. Kodeks medicinske etike i deontologije Hrvatske liječničke komore, u članku 4., jasno definira osnovnu dužnost liječnika u skrbi za umiruće pacijente, ističući važnost ublažavanja boli i patnje. Također se naglašava da nastavak intenzivnog liječenja u predsmrtnom stanju nije medicinski opravdan i suprotan je pravu umirućeg pacijenta na dostojanstvenu smrt.

PRIKAZ SLUČAJA: 67-godišnja pacijentica hospitalizirana je na odjel gastroenterologije poradi dijagnostičke obrade ascitesa. Citomorfološki i imunocitokemijski nalaz sedimenta izljeva upućuje na metastatski karcinom (adenokarcinom – BerEP4, CA125, CK7 pozitivnih stanica, laboratorijska obrada krvi - HE: 1483, CA 125: 142) s velikom vjerojatnošću da je riječ o tumoru jajnika kao primarno sjelo. U prilog tome govori i nalaz MRI zdjelice (povećan desni jajnik, cistično promijenjen, dimenzija: 4x3 cm). Sukladno navedenim nalazima, pacijentica se premješta na odjel ginekologije kako bi se obavila dijagnostička laparoskopija. Tijekom boravka na ginekologiji opće stanje pacijentice se pogoršava i javljaju se klinički znakovi sepse (febrilna i hipotenzivna, procalcitonin: 5,5, CRP: 225,6), što izaziva sumnju na spontani bakterijski peritonitis. Stanje pacijentice se stabiliziralo na intravensku primjenu ceftriaksona. Zbog lošeg općeg stanja bolesnice, u dogovoru s obitelji, odustaje se od daljnje planirane obrade i liječenja na temelju hrvatskih smjernica za palijativnu skrb.

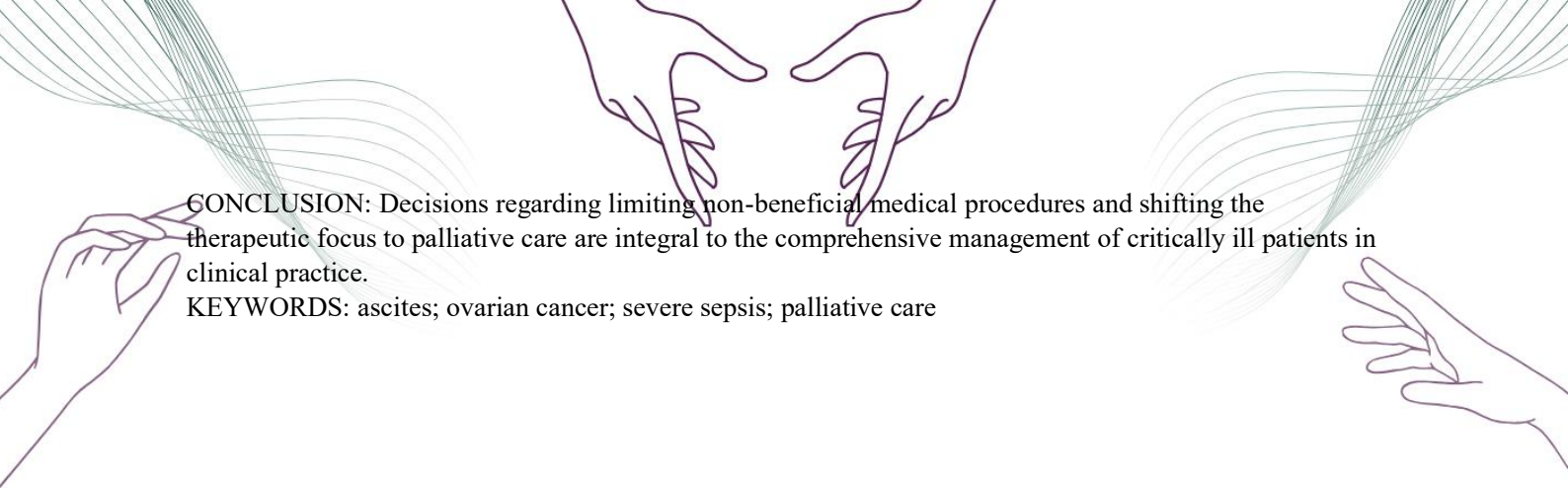
ZAKLJUČAK: Odluke o ograničavanju nepotrebnih medicinskih postupaka i usmjeravanju terapije prema palijativnoj skrbi su ključne za sveobuhvatno zbrinjavanje kritično bolesnih pacijenata u kliničkoj praksi.

END OF LIFE: WHEN IS IT THE TIME TO LET THEM GO

INTRODUCTION: Ethical issues arise in relation between medical procedures and end-of-life care, including concerns about the extent and duration of specific treatments. The Croatian Medical Chamber's Code of Medical Ethics and Deontology, Article 4, outlines physicians' fundamental duty in caring for dying patients, emphasizing pain and suffering alleviation. It explicitly states that persisting with intensive treatment in an irreversible terminal condition is not medically justified and deprives the dying patient of a dignified death.

CASE REPORT: A 67-year-old female patient was hospitalized in the gastroenterology department for the diagnostic evaluation of ascites. Cytomorphological and immunocytochemical analysis of the ascitic fluid sediment indicates metastatic carcinoma (adenocarcinoma - BerEP4, CA125, CK7 positive cells, blood levels: HE: 1483, CA 125: 142) with a high probability that the primary site is ovarian tumor, supported by pelvic MRI findings (enlarged right ovary, cystic changes, dimensions: 4x3 cm). In accordance with the findings, the patient is transferred to the gynecology department for a diagnostic laparoscopy. During the stay in the gynecology department, the patient's general condition deteriorates, and clinical signs of sepsis emerge (febrile and hypotensive, procalcitonin: 5.5, CRP: 225.6), raising suspicions of spontaneous bacterial peritonitis. Intravenous administration of ceftriaxone stabilizes the patient's septic condition. Due to the patient's poor general condition, in consultation with the family, further planned diagnostic procedures and treatment are abandoned based on Croatian guidelines for end-of-life care.



A line art illustration at the top of the page shows several hands. In the center, two hands are clasped together. To the left, a hand is shown holding a thin, curved object, possibly a needle or a catheter. To the right, another hand is shown with fingers slightly spread. The background consists of several thin, curved lines that sweep across the top of the page.

CONCLUSION: Decisions regarding limiting non-beneficial medical procedures and shifting the therapeutic focus to palliative care are integral to the comprehensive management of critically ill patients in clinical practice.

KEYWORDS: ascites; ovarian cancer; severe sepsis; palliative care

