Round table

1405
ETHICAL DILEMMAS IN CANCER CARE DISCONTINUING TREATMENT

F. Guillet

What is the meaning of discontinuing and treatment?

Who decides to stop and when?

What is the impact on the family, the patient and medical team?

When we could speak about "overtreatment".

How to keep clearness: the limit of the medical team's power.

In conclusion: how could we keep an agreement that offers comfort and respect for the patient's decision?

1406
ETHICAL DILEMMAS IN CANCER CARE—EUTHANASIA

J.J.A. van den Berg
The Dutch Association of Voluntary Euthanasia

Euthanasia is often requested, but it is hardly ever carried into effect. If it is realized at all, it must be seen as the conclusion of a rather intensive decision making process sustained by a caring doctor-patient, nurse-patient relation. Such a process ought to be executed with the utmost prudence. As long as euthanasia remains a controversial issue, nurses will be confronted with its practical implications. One major implication for nursing practice is patient advocacy. How do nurses react when a patient requests euthanasia? It is important to examine one's feelings about euthanasia and discuss them with colleagues.

In order to provide guidelines governing the process of euthanasia, recommendations of the Dutch National Health Council together with the established jurisprudence resulted in a list of criteria to be adhered to by medical practitioners. A doctor, strictly complying with these requirements, may be held inculpable under the law, and not liable to prosecution. The role of the nurse is very important and begins when a patient requests euthanasia. Because nurses are the intermediary of the patient, it is expected that they can give adequate support to the patient and his relatives during the whole process of decision-making, carry into effect and after-care. How far can nurses go as the patients intermediary in the discussion about euthanasia and how far can they go in actions?

Nurses are allowed to give nursing care based on observations, or can perform duties at the request of the physician. Liability for malpractice is judged by civil law. This makes nurses very vulnerable in the eyes of the law, especially in the role of advocate during euthanasia.

1407
EUTHANASIA: AN ETHICAL DILEMMA IN CANCER PATIENTS

E. Markiewicz
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The recent technological and therapeutic developments in medicine, especially in critical care, might allow us to maintain artificially alive patients with incurable diseases like cancer. These progresses have lead to discussions about quality of life and euthanasia. Euthanasia is a painless death by applying appropriate care to relieve agony. Euthanasia is called active when euthanasia consists to provide care shortening survival, and passive when treatment is no longer used to prolong survival. It is practically easier in patients with incurable disease not to start a therapeutic procedure than to stop it and thus to perform active euthanasia. Active euthanasia can be direct or indirect: it is indirect when provided care can reduce survival without intention to give death and it is direct when care is given with the intention to reduce survival to abbreviate pain. In Europe, direct active euthanasia is only performed in Holland by some physicians in well defined cases, a law allowing this practice since 1993. Examples of various situations, as any nurse working in an oncological department may have to face, will be discussed during the round-table session in order to allow the nurses to give their opinion on cases where a medical decision on some type of euthanasia has to been taken.

1408
ETHICAL DILEMMAS IN CANCER CARE: INFORMED CONSENT

C. Arrigo
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The objective of this round table session is to discuss in depth an important ethical dilemma: the Informed Consent. "Informed Consent is a voluntary, uncoerced decision, made by a competent or autonomous person, on the basis of adequate information and deliberation, to accept a specific treatment when fully cognizant of the nature of the treatment, its consequences and risks"[1].

Overview Informed Consent is based on the ethical principle of autonomy. Patients have the right to make their own decisions regarding treatment, based on information received from medical doctors. National laws and regulations on the basic principle of autonomy are now enforced in several European countries while still in development in others. This session will focus on ethical dilemmas related to Informed Consent in clinical research and more specifically in randomized phase III clinical trials.

Items proposed for discussion

(1) Current situation in randomized phase III multicentric studies: how are patients informed, which is the role of the consent document, how are nurses involved?

(2) Information to be included in consent forms: how to determine the amount, the readability, etc. What is the role of the nurse in the preparation of the content?

(3) Importance of cultural aspects.

[1]Consent, Gillon R., *Philosophical Medical Ethics*, Chichester, Wiley, 1985, pp 113–118.

1409
INFORMED CONSENT, CANCER CARE ETHICAL DILEMMA IN FRANCE

P. Dielenseger
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Patients (pts) included in a Cancer Clinical Trial in France receive oral and written information about it, and must sign an Informed Consent Form (ICF) according to the French law (Loi Huriet 88-1138 of December 22th 1988). Nurses take an active part during those trials and must define their position face to different ethical dilemmas during research protocols.

During our workshop, it would be interesting to share ideas about some of the ethical questions:

— Is the nurse a pts's advocate? What does this mean for us?

— Is the ICF only a step of a law, because of coming after oral information?

— What are the nurse's role face to the signing of ICF? Are they different during Phases I, II or III trials?

— Does the nurse's speech influence the pts's decision face to ICF?

— Is a nurse allowed to influence pts's decision making according to her own ideas?

— Is the nurse dependant of the ward or only of her own ethics?

— Can relationship confidence between pts and nurse survive if, afterwards, pts feel manipulated?

And we will also debate other questions coming during the workshop if necessary.

1410
ETHICAL DILEMMAS: INFORMED CONSENT

A.C. Dubbelman
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The Informed Consent Doctrine is based on a statement made by an American judge (1914): "Every human being who is capable of reasoning, has the right to decide what is being done with his body".

The unethical experiments performed during World War II caused world concern with regard to the future of human research. As a result of the Nürnberg trial recommendations were made (the Nürnberg Code 1947) which safeguard the integrity of the research subject and the concept of Informed Consent was introduced. Since then many national,