Une approche et une thérapie complexe de la fin de vie (médicale, morale, sociale, spirituelle). Les soins palliatifs

Abstract:

Palliative care is the active type of care, which consists in a global approach of the medical, psychological, social and spiritual needs of the persons suffering from serious diseases – oncological and non-oncological – in terminal stages, its purpose being the quality of a person's life and the support of the family. During the history of mankind, there were concerns regarding the care for the dying and the support for the mourning families practically in all cultures, these concerns vary depending on culture, tradition, religion. In some way, it can be said that the palliative care was the oldest care practice, even before the emergence of medicine and also long afterwards, because medicine did not have healing treatments at its beginnings. Later on, the attitude of considering a person's death as a failure of the physician which was therefore punished, being sentenced to death, arose in the ancient Persia, at other Middle East or pagan European nations and further on in the Ottoman Empire. Since the end of the 19thCentury, under the influence of religious beliefs, efforts are initiated and directed towards the category of dying people, more and more of them being also condemned to a tragic isolation by the fellow human beings (and even by the medicine!). These initiatives had as starting point (and how could it be otherwise?) the religious environment and emerged between 1842-1846 in France, within the "Les Dames des Calvaires" Congregation – Lyon, thanks to Jeanne Garnie, who updated the 'hospice' word and established in Lyon few such kind of institutions for the care of the dying people. "Irish Sisters of Charity" had taken over the French model and implemented it in Dublin, Ireland, where Sister Mary Aikenhead opened the first ever hospice on Britain land in 1874: "Our Lady's Hospice". The taking over of this new medicine concept on Britain land, would prove to be auspicious since this country would crucially contribute to the foundation, development and world-wide propagation of this new attitude in medicine, channeling the palliative care in adapted and ethically patterned forms also towards those without any hopes for healing, being in the terminal stages of their biological existence. The palliative care involves 3 (three) levels of intervention – pain relief, fighting against the other symptoms besides pain, relational accompaniment (permanent comprehensive human presence, communication, moral and spiritual support); the aim of this endeavor, at this stage, can neither be the healing nor the life prolongation, but the quality of life. This type of care is given within a multidisciplinary team – physician, health assistant, social assistant, psychologist, priest, nurse. The palliative care is the alternative of euthanasia and therapeutic stubbornness.

Keywords: *palliative care, philosophy, role of the physician.*