

END-OF LIFE CARE IN BRAIN DEAD

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Abstract

Brain death is a sudden and traumatic event following a severe injury to the brain. The sudden onset and short course made it different from other chronic diseases in end-of-life care. Scant of psychological preparation and unfamiliarity to medical terms hinder relatives of braindead patients from indeed understanding when bad news is broken. For fifty years, humanity and autonomy are more and more highlighted in end-of-life care, including therapy withholding or withdrawing, do not resuscitation and medication which relieving dying rattles or shortening dying processes. In this recent decade, palliative care was further expanded to include the family, not only the patients.

Most patients with brain death spend the last days of life in an intensive care unit (ICU), where some family will be approached to ask for organ donation. What comforts the relatives and helps them recover from bereavement can be a timely considerate word or a little while staying with them. In a research in the United Kingdom, most family valued the physical care their relatives had received, but communication and breaking bad news was a cause for concern. The facility of Many ICUs such as cramped relative's room and little privacy to say final goodbye was also mentioned. This similar situation is also noticed in our country. To deal with these problems, besides facility improvement, palliative care team should offer the support through the last days and into period of bereavement; staff training on how to communicate bad news should also be stressed.

Key words: Intensive care, Palliative care, Brain death, Organ donation

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