Letter to the Editor

END-OF-LIFE DECISIONS

To the Editor: While supporting the South African Law Commission's (SALC's) initiative in proposing a law legalising the implementation of voluntary termination of life by advance directives (Living Will) and other processes, I share Theodore Fleischer's concerns about marginalising families when such decisions are taken. I sense that respect for patient autonomy and his/her rights in terms of the Patient's Rights Charter² may be a critical factor in influencing the SALC's attitude.

Fleischer advances cogent reasons for not excluding the family who are in a position to provide input within the 'broader context of the patient's circumstances'. Moreover, to exclude family members who have shared years of caring and concern for a loved one would deprive the patient of the important opportunity to share feelings and continued support.

Family members also need to be involved when end-of-life decisions are taken in respect of demented relatives. These patients cannot be expected, and are not legally competent, to make such decisions. In these circumstances doctors frequently

are proactive in planning with family members what action to take in the event of life-threatening illnesses such as pneumonia. The doctor's epistemic authority² can serve as a guide to the family but doctors cannot be the sole arbiters or moral agents in such decision-making.

Translocated families pose their own unique problems when ageing parents are left alone after children and grandchildren emigrate. During times of illness it is common practice for these family members to involve themselves in the medical management of their parents, often leading to conflict with the attending doctor who perceives this as unnecessary interference. These problems will inevitably be compounded should translocated families be marginalised in the emotionally charged setting of end-of-life decision-making.

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