

Right to health in the final phase of life

Summary

In this paper we seek to substantiate the need to understand the right to health and the incidence in professional practices, and this text focuses on the right to spiritual health, announced as holistic health, at the stage of final life. To achieve this, it will go through three stages: First a quick sketch on the need of the right to health at the end of life and from this statement how we provide possible paths to lack of care in health in this final phase of life is, this point opens questions texts: a support in the process of death in integral terms necessary? And I found According to what contribution can provide the biolaw? Posteriorly, the result of surveys conducted in 11 patients Florida Hospital, where patients will receive intravenous treatment is presented. And finally, a propositional hermeneutics is generated from bio-law and bioethics, the right to health holistic-spiritual in the final stage of life, is to clarify,

Keywords: bioethics, biolaw, health, holistic-spiritual, support, end of life and contribution

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Wanda Abondano, Veronica Naranjo Quintero

Department of Clinical Pharmacist, University of Florida, Colombia

Correspondence: Wanda M Abondano, Designation Clinical Pharmacist, University of Florida, Address 9115 Hasting Beach Blvd Orlando, Fl, Colombia, Tel, 407-234-7011, Email wabondano@hotmail.com

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Need the right to comprehensive health care at end of life

The right to health is certainly an inalienable human right. This principle can be found in documents as old as the Hammurabi Code (1750 BC) where rules governing medical activities are mentioned. The Universal Declaration of Human Rights,¹ Defined as a right of all people. Therefore it must be recognized not only as an inalienable right but also as an inherent human right. It has evolved from the early history of mankind. Today, the World Health Organization (WHO) states that “the enjoyment of the highest attainable standard of health that can be achieved is one of the fundamental rights of every human being”.² Therefore the right to health is universal and should not in any way be accessible only to the privileged upper classes of society. As specified by WHO this right must be accessible, acceptable, affordable, quality and universal. However, these requirements are not always present, especially in marginalized and vulnerable communities. An example may be in the United States, a country with vast resources in which many would think that everyone has access to the same rights, currently being debated who qualifies to have this inalienable right to health. Although as mentioned above, the right to health is inalienable and inherent in human beings and have made great global efforts to make it accessible and universal, the reality is very different for a large portion of the world population.

The concept of the right to health can complicate a little more if we understand that holistic health should also be a right at the end of life. With new medical treatments, technology and declining transmitted diseases have increased the typical chronic diseases of aging. There are some little known and practiced for some services that should be included in the course of any disease called palliative care. Palliative care are aimed at improving the quality of life, focusing not only on the physical side of the patient (symptom management) but also giving the emotional support (mind and spirit). Palliative care are related to the end of life, however they must be an integral part of health care for any illness. One of the problems and difficulties facing this service is ignorance on the part of health professionals. According to WHO only 14% Of patients who need palliative care receive it.

Patients at the end of life have special needs that often tend to forget, they also affect their caregivers and family members or friends for support. When curative treatments have been exhausted, the goal should be to improve the lifetime you have. Symptom management at this stage is of paramount importance for improving the quality of life. Pain management, anxiety, insomnia, excessive secretions that can make breathing difficult usually the most common. As previously mentioned lack of knowledge of health professionals may be the first hurdle necessary for palliative care at the end of life. Many have said about the pain, both curative and palliative treatments, yet still is not given the importance it has. In the United States has created a campaign which aims to consider assessing pain as the fifth vital sign along with temperature, pulse, respiration and blood pressure. No one can define the pain of another person, only the patient can define and quantify the available instruments. Therefore it is essential for a good evaluation of pain that the patient's opinion which carries a confidence of both sides is validated.

We should not associate palliative care only with the end of life, as these should be available to all patients because the main purpose of these is to improve the quality of life, thus managing symptoms must be present at all stages of the disease. In this article we will focus on palliative end of life care. The National Cancer Institute (NCI) defines the “goal of palliative care is to prevent or treat the symptoms and side effects of a disease and its treatment as soon as possible, and psychological, social and spiritual problems corresponding”.³

Pope Benedict XVI⁴ and if the integral term is understood in its best, means the comprehensive support in the end of life, you must take care of existential questions, however, this one works just in hospitals or care at home. The above support invited to consider further -biojuridico- academic work that allows comprehensive terms accompany patients, family and each of us in the final stage of life, although today in some places it is done, this is not a practice that you see everywhere. Then the result of surveys conducted in 11 patients Florida Hospital, where they attend to receive intravenous treatment is presented. In this text, only the first category of the application will resume called “spiritual accompaniment” in order to support the perspective that the patient has full-spiritual accompaniment among his illness.

Results of surveys of patients

In the application of the survey they were informed patients the posterior lens to the tabulation of results was: "To propose key elements for training in spiritual health of caregivers of patients" and thus were thanked for accepting the invitation to be part of the research survey, were asked for this except that their names would not ask. However, if you were asked to answer the genre, in this regard, it detailed that of the 11 patients surveyed, 10 of them are women and 1 man, their ages ranging from 34 to 70 years and the type of cancer they have are varied, such as pancreatic cancer, colon cancer, cholangiocarcinoma, among others. As previously alluded to analyze the category is "spiritual accompaniment", for this is to mention the 5 questions that were investigated and the respective percentage of each. To the question "Any health professional has supported practice their spirituality" 45% said yes, another 45% said no and 9.1% did not respond. In analyzing this question it can be interpreted that the comprehensive support to patients do not always provide totally, as in the case of the spiritual dimension, however, this does not mean that all professionals do not accompany their patients spiritual issues, hence the result shows that nearly half of healthcare do, this being a positive to highlight, where according Francesc Torralba aspect, refers to: The professional in question has a moral duty, because of their profession, not only to ensure adequate and transparent information content of the disease, ie, must take cultural vulnerability of the patient and try to illustrate it from empathy, competition and the art of communication.⁵

Regarding the second question, "Considers it important spiritual accompaniment", 81.2% said yes and 18.2% did not respond. This percentage reflects that it is important for patients this dimension of their lives, as well as being important in the support from palliative care and most especially in the final phase of life. "Would like to discuss spirituality with a health care professional", 27.3% said yes and 72.7% said no. It should be noted that there is a big consideration when the health professional as a close and warm, which allows listening and dialogue gap. You can probably consider that the health professional does not know about spiritual issues or unreliable to meet the existential needs, the truth is that perhaps the health professional is not ready for this, but in many cases, they are those immediately rightful handle inquiries, silence, anxiety, among other attitudes of their patients at the time of accepting the disease and even dying process.

To the question "Who has accompanied spiritually at this time of his life", 90.9% said their families and 9.1% answered that God should be noted that the family, who are also most caregivers cases, is the first network of support for patients. In the options given for this question, the following alternative is also found: "someone with religious authority" to this answer none said, this gives to highlight that understanding of religion and spirituality are probably two roads that connect but not necessarily imply the same experience and understanding, since it can be religious and not spiritual or vice versa. "How do you feel accompanied on the spiritual side", 27.3% responded when they hear it, 63.6% said they pray for them and 9.1% responded when he goes to church. Disease and latent reality of human vulnerability facing every human being with his finitude, hence the question of transcendence is latently present before this human reality, in the case of 63.6% giving answer by prayer, reflects the need for people to feel connected to the mystagogical language and turn to the living reality. 27.3% responding that feel accompanied

by listening is necessary to understand that an accompaniment is not given the possibility of being able to speak but also to listen and speak at the right time.

In the previous section, some interpretations that help continue the reflection about the need for comprehensive health -spiritual- in the process of end of life were thrown. Hence, it is important to end this text with a section that leads to dispose as bioethics can enter into dialogue with this proposal and likewise generate a possible way to help bring the practice of comprehensive support right at the end of -espiritual- life.

Purposive hermeneutics from biolaw bioethics and the right to comprehensive health-spiritual-in the final stage of life

Mentioning a possible hermeneutical approach to the need for spiritual health care at the end of life, it helps to recognize the foregoing, is that health is an inalienable topic in humans, besides caring for each of us also it allows us to consider the intrinsic value that we each, which is called dignity. Then, taking up the findings of the patients, clearly it is important spiritual accompaniment, this is reflected in the 81.8% who answered yes. As a result they think that one of the manifestations most welcome for someone to feel in connection with your spirit are attitudes of silence and words that encourage their life as they see 63.6% when they respond that they feel accompanied spiritually when they prayer for them. These percentages help continue the reflection, however, this text as already discussed above recognizes that spirituality is part of one of the objectives in palliative care, which is communication. This perspective has been working hard and consciously the SECPAL (Spanish Society of Palliative Care), they argued in their mission to bet on: "To promote among patients, families and professionals the opportunity to transform the process of dying in an experience shared personal growth and awareness of our resources and spiritual needs".⁶

This leads us to believe that this dimension mentioned and was viewed as relevant and in some places we work systematically and accompaniments are well made, however, this theory and practice does not have much impact in many hospitals world, and that is why, since the sustenance of biolaw and bioethical a propositional hermeneutics that strengthens this dimension on the right to health, specifically at the final stage of life is required. For this interpretation from the biolaw some of the principles announced the Universal Declaration of Human Rights is assumed, bearing in mind that the same support of the Declaration there is a recognition of the fears that we currently have through advances in technology. Given the rapid advances in science and technology, which increasingly affect our understanding of life and life itself, and have brought about a strong demand to give a universal answer to the ethical issues of such developments. Recognizing that ethical issues raised by the rapid advances in science and their technological applications should be examined taking into account not only the respect for the dignity of the human person, but also the universal respect for and observance of human rights and fundamental liberties.⁷

As is, as indicated by the Declaration, it is important to respect and dignity above all technological and scientific advances, in the same way recites the prefixed text documents also reflected on these issues. As a result of this reflection Declaration focuses on making principles that help sustain overall health. It is noteworthy that principlism

born from the Belmont Report, to this day is worked and important, because the principles that worked there are part of the construction of the epistemological basis of bioethics and the same progress in the institutionalization of it. Article 8 of the Declaration Announces the "Respect for human vulnerability and personal integrity. In applying and advancing scientific knowledge, medical practice and associated technologies, it should take into account human vulnerability. Individuals and groups particularly vulnerable should be protected and should respect the personal integrity of such individuals."

This principle is assumed from bioethics invited to understand not only the vulnerability itself, but also the vulnerability of the other, this understanding from the reality of the disease, which invites the protection of those who suffer or are in the process of acceptance death. Torralba: The human being is vulnerable, but also to be, can be aware of their vulnerability, ie can think it, you can reflect upon it around her, trying to find solutions and ways to fight discouragement, tiredness, sickness, insecurity and all that is related to vulnerability.⁵ It manifest from the appointment of Torralba, these formulas or inventions we must do to join each other, must be growing, hence today in our century is not tolerable that so many people die alone or die without the other knowing.

Article 15⁷ Declaration bets on "Sharing of benefits", and through paragraph c, exalts the power take reflections arising from research for the sake of responsibility that governments have health (announced in Article 14). For them UNESCO⁷ mentioned at the start of Article 15: Benefits resulting from any scientific research and its applications should be shared with society as a whole and within the international community, particularly with developing countries. The benefits arising from the application of this principle may take the following forms.

Later paragraph c, states the following: "supply of new modalities or diagnostic and therapeutic products obtained through research".⁷ In this case the product would not be a new drug to alleviate pain (being very important), but a way of knowing the anguish, the difficult questions and no sense that we can find the face of death. That's what has been named him a human dimension, called spirituality, although in many cases psychologists or social workers approach it is important to give prominence to the professionals who wonders about the meaning of life and death, as it is theology, philosophy, anthropology and related disciplines and from these professions assess the profiles that could be in the hospital center, the latter exception can become one of the contributions of biolaw. Adding to this, spirituality is always very personal and often it is difficult to share with others, even more so at the end of life. What human beings who are at the end of life have a spirituality with the peculiarities that comes with knowing a death sentence which is due in the short term. It is not easy to open a health professional who can not understand the patient as it is not in that situation. Can be even more difficult to open the family that plays the role of primary caregiver and the patient does not want this overcharge thinking that there is no desire to fight. However it is certainly a need for the patient at the end of life and if we see it as part of comprehensive health care even more for being a right.

Dr. Kubler-Ross⁸ who has extensively studied the field of palliative care, especially the accompaniment at the end of life, he devoted himself to listen to the experiences of dying patients. When dying patients were isolated and forgotten she decided to listen. This helped them to face death and improved and facilitated discussions

with family at this difficult time. The health professional must be open and willing to listen, though no doubt for this preparation and training beyond the physiological part needs because they are certainly difficult issues to address to all parties. The right to comprehensive health care at the end of life must include spiritual and emotional support to any patient who requests it.

It is clear from bioethics, which prompted one of its founders to talk about this new neologism (Van Rensselaer Potter) was evidence of human frailty, why bioethics invites see the patient at the end of life you need accompaniment spiritual, in the same way you need pain medication. Palliative care teams have the duty to include a plan of spiritual accompaniment to all patients who need it. As we have seen health is an inalienable and inherent human right. With all new medical treatments that have been developed over the years, it is unacceptable that spiritual accompaniment, being an integral part of health care for all patients is not offered.

Therefore, for accompaniment from holistic health, a qualified personnel who have the responsibility to be aware of himself and others, to be respectful to each other's reality and enables their own resources to manifest it takes its spiritual needs. After the exposed thesis it can be concluded that:

- i. The right to health is an ancient human principle, exactly as reflected by the Hammurabi Code (1750BC) and as recognized by the World Health Organization (WHO) and the Universal Declaration of Human Rights. A good time is necessary to broaden the picture of health, this text will be referred to overall health, ranging from spiritual health.
- ii. From the analysis of the findings to patient responses, the need for spiritual guidance is evident. It is also noteworthy that patients do not like to talk about these issues with health personnel, this being one aspect of improving the possibility that they have contact with it from communication, provision of medicines, makes decisions with the disease process, etc.
- iii. Also, the Universal Declaration of Human Rights made a critical reading of the vulnerability of human beings and to implement strategies that help to support the right to health of all people, so it is vital that the proposal avails and They are carried out. This leads us to conclude that it is important that each of the spaces with which we count, we take from bioethics a serious proposal process end of life, which will help generate creative strategies to accompany patients and family and generate an echo and more serious in terms of institutionalization, from the possibilities offered by the biolaw.

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Conflict of interest

The author declares no conflict of interest.

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