

In Shortly about Palliative Care

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Abstract

Palliative care is a relief of the physical and mental torment of patients with persistent, hopeless illnesses, and these are exceptionally regularly patients with cancers and metastases that have a few months or weeks cleared out to live. Palliative care is to raise the quality of life of a palliative quiet and his or her family or caregiver. It applies not as it were to 24-hour restorative care and torment help but also to the care of patients' rights and human dignity..

Keywords: *Palliative Care; Palliative Medicine; Law; Ethics*

Introduction

In most societies, the larger part of rules, counting legitimate ones, influencing citizens' lives have developed out of custom and utilization, and are portion of their legacy [1]. Lawful rules ordinarily go through an digestion prepare, having been affected by anything financial, ethical and other variables in a roundabout way shape a specific society's morals or rules of human conduct. This incorporates its social and devout convictions as well as those of its neighboring social orders, who may moreover impact it through social and political interaction. Given that man is not only a considering being, to counter the contention of a few rationalists such as Descartes (1596-1650), human creatures can be appeared to be moreover ethical creatures. They are competent of perceiving right from off-base, ostensibly agreeing to the way in which they were bought up. There are no common ethical measures of conduct that are satisfactory to all universally: they shift from society to society since there is without a doubt no such thing as widespread ethical quality. In the UK, there is a fundamental assumption that all people are rise to some time recently the eyes of the law and that the essential point of the law is to ensure its citizens and advance decency. It is reasonable to say there are ranges of agreement in which most social orders acknowledge that an activity, for case one

individual intentioned slaughtering another, is off-base. In any case, ethical quality and the law are concerned with what a particular society sees as right or off-base. 'Morality is concerned with right and off-base, great and awful, ethicalness and bad habit; with judging what we do and the results of what we do'; in the broadest sense, morals is the result of a combination of the rules laid down by law and the related ethical quality of the society in which we live. The put of ethics in society is to set satisfactory guidelines of conduct. The reason of the law is to guarantee reasonableness so that the weaker individuals of society are not compromised. In displaying prove in any given case, the court must at times look to ethics for direction, as they are the texture of our society. The court may address whether a defendant/defender's conduct in a given circumstance coordinated that of the 'reasonable' man. The law is there not to apply simply the measures of the attorneys, but to see at the ethics of the society where it developed.

Care is not as it were a clear concept, it also conveys a regulating introduction [2]. The term "care" empowers one to assess distinctive courses of activity in healthcare. What is more, distinctive courses of activity can compare more or less closely to what one sees as great care. As there are benchmarks and rules for and best hones of great care, care suppliers can inquire themselves whether what they

do constitutes great care. The address of whether the healthcare framework as a entire as well as particular directions and hones inside healthcare live up to the beliefs of great care is continuously subject to debate.

Socioeconomic solidness may meddled with great care in person cases, since, for case, the sum of time care suppliers can designate to people is restricted by the number of cases they are anticipated to oversee. Deciding what constitutes great care is subsequently as a rule a matter of finding sensible compromises. In healthcare settings, a normal compromise includes finding a adjust between ideal care for people on the one hand and the regulation requests of giving care to numerous care collectors over long periods of time as well as the limits of what can authentically be inquired of person care suppliers on the other.

Aim

Palliative care is a branch of public health that cares for people suffering from incurable diseases who have a few weeks or months left to live. The main task of palliative care is to provide sick people with all possible help, which does not only relate to diagnosis and health care, but also to other aspects. How the provision of palliative care looks like in practice, can be read in this paper.

Discussion

Moral

The ethical contention of care ought to be given at anything cost is not reasonable. In monetary terms, the standard hone including the inside showcase inside the National Health Service (NHS) is that cash ought to take after the patient [1]. It is acknowledged that, when arranging the conveyance of care, the constrained assets contention ought to be taken into account whereas working inside the imperatives of the law. The borders of profound quality and generosity, doing great for the client and what the health care worker or carer might do for the client are boundless. In hone, the reality of the matter is that the ethical contention cannot frequently win the day. From the point of view of the client, the address is how distant the issue of ethical quality ought to decide the sorts of law, and the quality of care and how it is conveyed. NHS Trusts have to acknowledge that assets are

restricted, and directors have to organize. There may be times when unforgiving choices have to be taken as Trusts must live up to their money related duties (that is, to provide care inside budget) and responsibility. Budgetary administration choices some of the time struggle with moral contemplations when choices are taken in apportioning care. When that circumstance happens, it is in some cases improbable for the law to be anticipated to intercede where assets are not boundless. Experts ought to be guided by the supposition that, in a given circumstance, they will clear acted in the patient's best interface given the imperatives of accessible assets, and will have acted in understanding with lawful necessities, proficient rules and nearby policies.

Poor and Homeless

Poverty is inseparably connected to expanded dreariness, untimely mortality, and restricted get to to both preventive healthcare and progressing restorative care [3]. Past the restorative results of destitution, the individual and social costs are significant and frequently imperceptible. Individuals who are destitute constitute a powerless populace, a term utilized in community health to portray social groups at more prominent hazard for unfavorable health results. The root causes of this powerlessness regularly are low financial status and a need of get to to assets. The Founded of Medicine's report, which assessed racial and ethnic incongruities in healthcare, fizzled to address the part of destitution in abberations. In any case, the part of destitution in contributing to disparities, autonomous of race and ethnicity, is troublesome to decode since course and race are regularly closely entwined. A few accept destitution may be most mindful for incongruities in healthcare.

Although much has been composed approximately end-of-life care in the United States, with few exemptions, small has been said around those in our society who live at its edges, such as the urban destitute. To be destitute and to have a dynamic, lifethreatening ailment presents more challenges than either one of these conditions alone. Consider the taking after questions: What sort of passing would a individual trust for who doesn't have a domestic or lives in a room without a phone, a can, or kitchen? What are the implications of life-

threatening sickness and passing when untimely passing is an all-too-common portion of life? What things at the end of life if most of your life has been went through attempting to survive day to day? All of these questions, in portion, present us to the universes of the destitute who are standing up to a life-threatening ailment. Physical, mental, and otherworldly hardship aren't all that destitute individuals fight with-deprivation moreover hurts the ethical self and the capacity both to act and to live autonomously.

The encounter of being destitute is not solitary or widespread, as destitute people are as differing a populace as the nonpoor. Case considers are utilized to outline the concepts talked about and to illustrate the require for the more investigate to direct hone. Hence, these cases are not generalizable to all the destitute or indeed to all the destitute. Destitution is as it were one social determinant that influences wellbeing status and get to to assets. People with numerous vulnerabilities (e.g., being destitute AND a part of a minority community, elderly, or having other restorative issues) are at the most prominent hazard for unfavorable results at the end of life.

Palliative Medicine

Homes for the dying or, as they were before long to be called, hospices, were built up in Ireland and France in the nineteenth century [4]. Be that as it may, it was not until 1967 that the to begin with cutting edge hospice, Saint Christopher's Hospice, was established in London. There, Dr. Cicely Saunders, a former nurse and social worker who had earned a therapeutic degree, made a difference set up the fundamental logic of hospice and palliative medication. She emphasized clinical fabulousness in torment and indication administration; care of the entirety individual, counting physical, enthusiastic, social, and otherworldly needs; and the require for investigate in this recently creating field of pharmaceutical. Intrigue group care got to be the standard, as it got to be clear that no one doctor, nurture, social laborer, or chaplain might address all the needs of the terminally sick individual. Assist, in spite of the fact that the center of care was clearly on the biting the dust person, the needs of the family were moreover addressed.

Palliative pharmaceutical has created as a thera-

peutic subspecialty in the United States since the mid-1990s, bringing a "hospicelike" approach to patients with serious illnesses in any case of guess or their intrigued in seeking after lifeprolonging medications. The objectives of palliative care programs are comparable to those of the hospice: torment and side effect control; passionate, social, and otherworldly back of patients and families; and assistance of clear and compassionate communication with respect to objectives of care. Early inclusion of palliative care has been appeared to altogether move forward side effect administration, quality of life, disposition, and, in one ponder, survival. Moreover, palliative care has been appeared to increment persistent and family satisfaction and decrease costs by constraining the utilize of high-technology care.

Optimal side effect control is an critical foundation of palliative medication, since uncontrolled indications increment patients' and caregivers' trouble. Ineffectively controlled side effects regularly degrade from patients' quality of life, impede their intelligent with cherished ones, and restrain their capacity to go to to critical issues at the end of life. Numerous thinks about have recorded the tall recurrence of indications in patients with genuine sicknesses and the propensity for side effects to increment in escalated as a illness advances. As with most therapeutic issues, fruitful administration of side effects begins with a cautious history and physical examination, with treatment coordinated at identifiable fundamental causes.

Palliative Care

Palliative care clinicians confront two troublesome issues in presenting themselves to a understanding, family, or health care proficient [5]. To begin with, the term "palliative care service" is still new to numerous individuals. A straightforward, direct, brief clarification is called for, however fair a few words once in a while suffice. Other specialists—for case, a cardiologist ("a heart doctor") or an orthopedist ("a bone surgeon")—are impossible to be inquired to characterize their field of mastery, nor feel challenged by the errand. Moment, a full clarification of palliative care fundamentally alludes to death, a possibly terrifying point that the understanding and family, as well as the palliative care clinician, may wish to main-

tain a strategic distance from, at slightest in the to begin with minutes of an meet. The clinician, some time recently touching on such troublesome things as end-of-life care, needs to begin with to tune in to the quiet and family and get it their points of view and data inclinations, as well as to maintain a strategic distance from saying something “wrong.” A nuanced depiction of palliative care administrations, particularly for outsiders confronting passing on, is a challenge. Expressions such as “terminal care,” “life-threatening illness,” or indeed “seriously ill” may adhere in the clinician's mouth. One looks for code words in these opening minutes, however battles to build up a relationship that is based on genuineness and measured frankness.

To complicate this ungainly circumstance, translations of the meaning of palliative care and of its scope change inside the palliative care community, reflecting the advancing nature of this not-yet-fully-formed young field. The scope of palliative medication remains an issue for wrangle about, extending from ridiculously wide definitions as “alleviation of symptoms,” “improving quality of life,” or treating patients “not responsive to corrective treatment” to greatly limit ideas of care in the final 6 months or less of life. Dialogs of definitions and measures too raise a few, critical, unsettled political clashes almost the field's future. Approaches to identifying a last stage of life during which palliative care is suitable have not been clinically valuable. We need rudimentary guidelines for palliative care programs—staffing, proficient preparing of staff, qualification of patients and families for administrations, scope of administrations, and so forward. This terrible state may be seen liberally as an early arrange in the advancement of a field that still is defining its most fundamental features.

Palliative care is the application of the standards of strong care to the extraordinary conditions and needs of patients for whom cure is not conceivable [6]. The accentuation of care is distinctive since of the modified clinical and individual setting of infection incurability.

In this setting, palliative care consolidates a multidisciplinary approach centered on the patient's quality of life and adapting as well as the adapting and quality of life of the patient's family. This

incorporates ideal side effect control (physical and psychological) and intercessions to optimize adapting, social back and family back. In numerous circumstances, anticancer care is an fundamentally portion of palliative intercessions. In all cases, this must consolidate anticipation and administration of side effects.

Since the time St Christopher's hospice was opened by Cicely Saunders palliative care has never ceased creating [7]. A number of key approaches have molded the development and heading of administrations. There are a number of intentional and charitable associations committed to the arrangement of the best quality palliative care. Strong and palliative care can be given in any care setting by well taught wellbeing care experts giving great principal care. Master palliative care groups may ended up included to offer assistance care for patients who are confronted by complex circumstances or encountering indications which are especially difficult to resolve. Steady and palliative care is no longer limited to patients living with cancer, care must be accessible agreeing to require, not determination and clear techniques require to be presented in arrange to ensure value of get to for customarily minimized groups.

Euthanasia

Caring for individuals when the end of their life is drawing nearer combines numerous of the legitimate, ethical and moral talks about of our time [1]. The rise of the hospice development, the acknowledgment of the thought of passing with nobility and the care of the passing on as a forte have all made their commitment to legitimate and moral issues related to the passing on client.

Clients who have endured injury or destroying brain harm may require ventilation as portion of their care. In this treatment, the ventilator takes the portion of the client's respiratory framework in arrange for the body to get adequate oxygen for its physical needs; this is regularly named 'life support'. Relatives and the health care group may be confronted with the troublesome predicament of whether the machine ought to be turned off and the client permitted to die, and in this circumstance the law, through examination of person cases, has created a organize as a direct to those caring for the client. There are broadly two circumstances in

which life back frameworks may be ceased. The to begin with is if the persistent, after cautious testing, is appeared to be brain dead. Two specialists must conduct the tests, one of whom ought to be the specialist who has been treating the client, the moment another experienced specialist. They test the fundamental reflexes starting in the brain stem (thus 'brain stem death'), reflexes influencing the eyes, the respiratory reflexes and capacities that are fundamental to life. The moment circumstance happens if the patient's plausible long-term result is exceptionally destitute. At that point, indeed if the quiet can breathe unaided after ventilation has been suspended, the machine require not be restarted ought to the quiet backslide; alternatively, ventilation may not be endeavored at all.

The to begin with portion of this area rested on the law relating to health care professionals working with terminally sick clients. Central to the concept of willful extermination are the clients and their wishes. In spite of the fact that the relatives and carers legitimately have no rights in the decisionmaking, they may play a expansive portion in the communication of the client's wishes to others. Knowing what the client's possess wishes are may offer assistance wellbeing care experts to make a choice almost what may be done in the client's best interface. In fact, the carers' counsel on the client's care may well be looked for by the proficient group and demonstrate to be important. There is, in any case, the issue of the relatives and carers having a vested intrigued, either physically or sincerely, in the survival or downfall of the client. As in all other regions of care, dying clients must have choice over their treatment and be able to take portion in the arranging of care or have their wishes met at whatever point conceivable. The assembly of the clients' wishes in the period driving up to their death falls inside palliative care: When the specialists dependable for the understanding confess that nothing more can be done to invert the handle of his sickness, palliative care begins'. The interim between this point and the death of the client may be either brief or long, in a few cases years, with troubling side effects, as restricted to the fundamental sickness, accepting treatment.

Apart from ethical and legitimate consistency, there are a few commonsense contentions in sup-

port of sanctioning of willful extermination [8]. These stand the infamous canard of a 'slippery slope' on its head: it is not as it were those who are permitted to die in a way that they themselves select, but numerous others as well, whose security at the hands of their specialists has been progressed by the sanctioning of euthanasia. The involvement of directing sanctioned euthanasia has had a spill-over impact on other shapes of end-of-life hone. In nations where willful extermination or physician-assisted suicide is legitimate (Belgium, the Netherlands, Switzerland), specialists examine all end-of-life choices much more regularly with the persistent and his or her family, and with other restorative staff, than in non-permissive nations (the UK falls generally midway between the two groups). Euthanasia takes put in the open, and is a subject of ordinary discussion between specialists and patients and their families. In brief, authorization has been closely related with a by and large more straightforward therapeutic hone and hence with a lower level of social peril encompassing restorative hone at the end of life.

The moment improvement in the course of expanded persistent security – clearly influenced by the prior involvement with the sanctioning (and decriminalization) of euthanasia – is that the 'rules of cautious practice' and the non-criminal control strategies made to make euthanasia hone secure have served as a show for the improvement of control over other sorts of MBPSL (Medical behaviour that potentially shortens life). In neonatology there is presently a national convention managing with withholding and pulling back treatment and dynamic end of life, a national audit committee for cases of dynamic end, and a arraignment rule that in impact concedes judgment to the survey committee. There are right now moves in the course of therapeutic conventions for withdrawal of treatment in adult seriously care hone. There is moreover a national convention on the organization of palliative sedation. The substantive arrangements and the methods given for in these conventions borrow intensely from the control administration for euthanasia.

Law and Ethics

A central highlight of care morals is the human

studies on which it is based [9]. This human studies was initially created as a counterreaction to a shape of morals that centers on the person as an autonomous being with the right to self-defence. Care morals does not, of course, invalidate the require to regard these rights, but rests upon a distinctive see of humankind. Or maybe than on the sway of each person, it centers on their crucial reliance. Honing care morals implies perceiving that each person lives inside a fundamental structure of reliance, whether or not they are cognizant of this reliance. Care morals hence takes as its point of flight an mindfulness of the asymmetry of the circumstance in which individuals in require of offer assistance or care discover themselves. Their circumstance is not so much based on correspondence but on a reflection of a principal state of reliance inborn to all human creatures. And it is also this circumstance that makes care vital as a frame of activity constituting a reaction to this crucial characteristic of reliance. What recognizes care morals, be that as it may, is not fair that it recognizes asymmetry and hence reliance. It moreover liberates this reliance from its negative essences: from the viewpoint of care morals, requiring offer assistance is not considered an blemish, but or maybe something ordinary and for the most part paradigmatic for relationships.

Practitioners of palliative care confront both lawful and moral goals [10]. Those two domains ordinarily cover sensibly well since law is, at its base, an agreement on morals of the put and time. There is tension-the laws may slack the morals, and some of the time morals slack law. At any given time a few will feel that the law goes as well distant to force an ethic, whereas others are anxious for it to do more. Be that as it may, these pressures tend to exist at the edges and not at the center of law or ethics.

Lawyers and ethicists approach a few issues in an unexpected way and hence reach to some degree distinctive conclusions. Most vital, maybe, law shifts from state to state. Morals do not take after flawless jurisdictional diagrams. Morals require great torment administration; fear of lawful sanctions limits it. Morals reach tall; law is the most reduced common denominator of behavior. For a few professionals, lawful concerns have procured unsupported mythic qualities that may stand in

the way of moral hone.

At the conclusion of life, giving torment alleviation can show a predicament for doctors who work beneath misguided judgments of both the law and morals [11]. The "Rule of Twofold Effect" which is the ethical teaching taken from the lessons of St. Thomas Aquinas of the thirteenth century gives doctors the moral obligation and ethical commitment to diminish torment and enduring. However these philosophical contentions do not give knowledge into the inner conflict that professionals feel when they honestly lock in in these hones. Why ought to a doctor feel inner conflict around doing the "right thing?"

With respect to palliation and consolation care, numerous clinicians are uninformed of the current moral and legitimate agreement with respect to palliative care at the conclusion of life. This agreement is built around the rule of the twofold impact. The pushed of the guideline is to center on the deliberate of the caregiver in looking for to give consolation to terminally sick patients, indeed if the clinician realizes that a side impact of the treatment may be an earlier death.

The rule of twofold impact proceeds to be an range of energetic talk about in bioethics, in portion since of the vague eagerly of caregivers in treating patients at the conclusion of life. For case, indeed when a doctor has no want to rush the patient's death, the death of the quiet may all things considered be seen as a great or alluring result. In spite of these ambiguities, be that as it may, the rule remains an moral and legitimate touchstone around treatment of the terminally ill.

The withdrawal or withholding of treatment is an issue that goes up against healthcare experts in a palliative setting [7]. As palliative care is pointed at the avoidance of or the minimization of troubling side effects, at a few point a choice will require to be made as to whether treatment ought to be withheld or pulled back. The difficulty lies in the expectation of passing and the deliberate to cause death. The law is clear that it is illegal to intentioned cause the passing of an individual, but recognizes the circumstance where treatment is great and that there is a sufficient adjust of great over potential hurtful effects, for case, in the utilize of pain killing drugs that may abbreviate life.

The guideline of twofold effect applies where the unintended effect of treatment abbreviates the life of the persistent. Moreover, there are circumstances where the withdrawal of treatment may bring around the passing of the quiet such as the withdrawal of artificial nourishment and hydration or the withdrawal of ventilation. In such cases, a affirmation by the court will require to be looked for earlier to the withdrawal unless an development mandate is in place.

Advance Directives

Instructional mandates and intermediary archives are complementary, as one cannot presuppose all future states of inadequacy or illness that may happen [12]. Not one or the other sort comes into impact unless the person is in a state of inadequacy related to choice making for the address at hand. Choice making capacity is a therapeutic assurance for the pertinent choice and not synonymous with competency, which is legitimately decided. In any case, the two terms are regularly utilized traded. Not well caught on is that the objective of development orders is to encourage quiet independence for therapeutically sound treatment choices, and does not back requests for mediations considered to be restoratively worthless or something else improper. Customary audit of progress orders is prescribed, particularly with changes in life status such as marriage, childbirth, separate, or death of a companion, as well as with significant changes in therapeutic status, to guarantee consistency with a patient's objectives of care.

From a legitimate viewpoint, development mandates may be statutory or counseling in nature. Statutory archives, planned to ensure doctors who take after patients' wishes from obligation, are based on lawful criteria codified in state law. US states will regularly honor statutory reports of other states. In spite of the fact that nonstatutory guidelines archives do not continuously adjust to state statutes, they, as well, are lawfully authoritative if clear prove of the patient's wishes is reported, as common law manages competent people the right to acknowledge or deny treatment, counting life-sustaining intercessions. The state of Modern York recognizes artificial sustenance and hydration from other treatment choices, putting this treatment choice in a isolated category from

other therapeutic interventions. Surrogates are incapable to make choices approximately artificial sustenance and hydration, unless the operator sensibly knows the patient's wishes, as expressly communicated beforehand.

Conclusion

Human life is one and unrepeatable and each human being has the right to total it with respect. Finishing human life in sympathy and human dignity is a principal hypothesize of palliative medicine. Palliative medicine, as a branch of medication, infers total care of a quiet enduring from a persistent, incurable illness when preventive and healing strategies of treatment are depleted. Specialists of different specialties and callings are working together to make it less demanding for patients, their families and companions to adapt with the disease and its last result. Palliative medication requires an intrigue and multidisciplinary approach to the palliative quiet, whereas giving therapeutic, mental, social and otherworldly bolster to the persistent and his family.

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