

Executive Summary

Regarding the issue of stopping meaningless end-of-life treatments in terminally ill patients, the National Evidence-based Healthcare Collaborating Agency (NECA) of Korea held 3 consecutive consensus meetings, a meeting of representatives of relevant associations and societies. In addition, in collaboration with the Ministry for Health, Welfare and family Affairs, NECA performed a probe of the current status using data from the Korean Statistical Information Service and the Health Insurance Review and Assessment Service. NECA also performed a survey regarding controversial issues that have emerged during the consensus meetings targeting the general population as well as the medical community. As a result, a consensus statement consisting of 12 principles and 3 unsettled issues was drafted and endorsed by the experts and relevant associations and professional societies.

<Candidates>

In patients with incurable terminal disease, life sustaining treatments that only prolong the process of dying can be withheld or withdrawn.

It is inappropriate to continue life sustaining treatments in brain-dead patients and the related legislature should be amended to this end.

<Procedure>

The judgement of the terminal state should be done by 2 physicians including the attending physician and a specialist of the corresponding field.

The physician bears the responsibility to explain and counsel the

terminally ill patient about the advance directive and the option of hospice care.

It is inappropriate to require notarization of the advance directives in terminally ill patients.

In order to minimize the risk implied by the uncertainties in medical and value judgement, the role of the ethics committee as a safeguard is important. Each hospital should have an ethics committee that includes external medical ethics experts and the ethics committee should be supported in every way so that it can play the intended role.

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Basic care such as fluids, nutritional support, and pain control should be maintained.

When a terminally ill patient expresses his or her wishes to refuse cardiopulmonary resuscitation or ventilatory support, they can be stopped.

The patient can express wishes regarding life sustaining treatments other than cardiopulmonary resuscitation or ventilatory support. The physician should take this into consideration when making a medical decision.

Euthanasia and physician assisted suicide are unacceptable.

<System>

Legal grounds for withholding or withdrawing meaningless life sustaining treatments must be provided.

Socioeconomic support such as a stronger social safety net and better access to hospice care is prerequisite for the successful embedding of these principles into our society.