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## Council of Europe launches a guide on the decision-making process regarding medical treatment in end-of-life situations

Strasbourg, 05.05.2014 – The Council of Europe today launched a [guide on the decision-making process relating to medical treatment in end-of-life situations](#). What rights for end of life patients? In which ethical and legal framework does the decision-making process lie? How and with whom are decisions made concerning medical treatment when it comes to implementing it or stopping it? This new guide aims to provide answers to these and many other questions.

Advances in medicine, particularly developments in medical technology, enable life to be prolonged and increase prospects of survival. However, the chronic or slow progression illnesses give rise to complex situations and are renewing the framework in which decisions are taken on medical treatment in end-of-life situations.

This guide is aimed primarily at the health care professionals concerned, but it is also a potential source of information and a basis for discussion for patients, their families and close friends, all other persons providing support, and associations dealing with end-of-life situations. It proposes benchmarks relating both to the principles that can be applied and the practices in this context and contributes, through the clarification it provides, to the overall discussion on the issue.

[More information](#)

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The guide in brief:

### *The ethical and legal frames of reference for the decision-making process*

**The principle of autonomy:** Respect for autonomy begins with recognition of the legitimate right and the capacity of a person to make personal choices. The principle of autonomy is implemented in particular through the exercise of free and informed consent.

**The principles of beneficence and non-maleficence:** These principles refer to the obligation to seek to maximise the potential benefit and to limit as much as possible any harm that might arise from a medical intervention. The obligation to deliver only appropriate treatment and the concept of needless or disproportionate treatment, which is likely to be limited or withdrawn, are addressed under this chapter.

**The principle of justice:** The right of equitable access to health care of appropriate quality is enshrined in Article 3 of the Convention on Human Rights and Biomedicine. Equity means first and foremost the absence of discrimination.

### *The decision-making process*

**The parties involved in the decision-making process and their roles:** On one hand the patient, his or her representative, family members and other support providers; carers, on the other hand.

**The deliberative process and decision making:** The patient should always be at the centre of any decision-making process. The decision-making process takes on a collective dimension when the patient is not willing or able to participate in it directly. This part of the guide describes the different phases of the decision-making processes in end-of-life situations.

### *Conclusions*

The decision-making process should among others be the subject of information for users of the health system and training for health professionals.

