

Apropos of “The moment of death whilst in Internal Medicine hospitalization” . The Author’s reply

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The mentioned work aimed, as explained in the text, to look into the circumstances surrounding the death of the hospitalized patient, namely the attitude assumed by the health care team in the moments preceding and succeeding the moment of death. The records of 35 deceased patients not included in the review were not found in the hospital archive, reason why they could not be reviewed.

Regarding the rate of DNR taken only on the moment of an urgent call, the text is quite clear that this has occurred in 40 cases (11.5% of a total of patients with a DNR order).

The origin of such doctor (emergency or residence service) was not actually recorded, as it relates to the same medical team (working in wards) and we did not deem it adequate.

The degree of adequate therapeutic intervention to each patient varies, as a result of “very severe convergence of a pathology or intercurrent often in very elderly patients, with multiple and in advance stages morbidities leave them in a condition of great exhaustion of their resilience capabilities” as Fernando Guimarães explains so well.

The assisting physician must therefore define, in each case, different levels and limits in the therapeutic ladder, as this is the only way patients can receive at any moment the degree of support deemed adequate to their clinical condition. This enables, for instance, that a certain patient should not be resuscitated in case of cardiorespiratory arrest, but does not prevent that the same patient may be supported from a ventilatory or cardiocirculatory point of view in case of a clinical deterioration – there are distinct degrees in

the therapeutic ladder. The aim is that the emerging support level can also be distinct on a case by case basis, what can not be confused with the emerging need of medical intervention – whether curative or palliative. Any patient showing signs of clinical deterioration must be an object of medical intervention; this must be adequate to the specific therapeutic limit for such case, such limit should be ideally be defined by the team responsible by the patient. ■