

Line Along the Life and Death- Right to Death with Dignity!

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"Dying cannot be made good or well-managed if there is no recognition of dying!"

The Hastings Center and the National Hospice Work Group, USA stated that *"...too many Americans die unnecessarily bad deaths-deaths with inadequate palliative support, inadequate compassion, and inadequate human presence and witness. Deaths preceded by a dying marked by fear, anxiety, loneliness, and isolation. Deaths that efface dignity and deny individual self-control and choice [1,2]"*.

Below are some requirement to aid the improvement of end of life care while advocating for a "good death" and focus for policy improvements.

"Quality of life" is a common phrase. The majority of human endeavors are ostensibly aimed at improving quality of life, whether for the individual or the community. Advancements in healthcare have been responsible for the most significant quality-of-life gains. In the recent past it is well established that humans are (on average) living longer, and healthier than ever. But "quality of death" is another matter. Death, although inevitable, is distressing to contemplate and in many cultures is forbidden. Palliative care is an option for patients who are seriously or terminally ill. It focuses on achieving the best possible quality of life for a patient by emphasizing total and comprehensive care for all a patient's needs: pain and symptom management, spiritual, social, psychological, and emotional wellbeing. Too often such care is simply not available: according to the Worldwide Palliative Care Alliance (WPCA), less than 8% of those in need access it [3].

The process of dying can be compared to the process of giving birth in that they are both intensely personal and emotive events, and yet each birth and each death also share a great deal in common with every other birth or death. This means we have to both ensure that the common needs of those at the end of life are anticipated and where possible we must be open to responding to individual requirements. *Every soul will taste the event of death! God does not burden a soul beyond that it can bear!* Considering all those religious commandments, contributions and forgiveness all concerns must align strategy to ensure dignified and good death [4]!

Finally, the human factor should not be underestimated, for end-of-life care is about far more than medical treatments and painkillers. Certainly, a lack of trained doctors and nurses is one impediment to improving quality of death. But end-of-life care must be a multi-disciplinary effort. Complex psychological problems arise when death is in view, particularly when it comes to the death of children. Counseling is necessary not only for the dying, but also for their families, requiring sensitive personal care that extends beyond death, through the grieving process. The cost of such services is hard to measure in numbers or in monetary terms [3].

Bibliography

1. Jennings B., et al. "Access to Hospice Care: Expanding Boundaries, Overcoming Barriers". *The Hastings Center Report* 33.2 (2003): S3-S4.
2. Center for Bioethics. "End of Life Care: An Ethical Overview". University of Minnesota (2005).
3. www.eiu.com/sponsor/lienfoundation/qualityofdeath
4. End-of-Life Care Resource Folder Version 1.

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