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LETTER TO EDITOR

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ADDRESSING END-OF-LIFE CHALLENGES IN PATIENTS WITH SEVERE ISCHEMIA AND INFECTION: THE ROLE OF THE PSYCHOLOGIST

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ABSTRACT

The most serious outcome of chronic peripheral arterial disease is limb amputation when all attempts at revascularization have been exhausted. At this stage, the aim of palliative care is to provide social and psychological support to the patient and family.The letter reports viewpoint the importance of early and proactive palliative care interventions for patients.

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LETTER

The most serious outcome of chronic peripheral arterial disease is limb amputation when all attempts at revascularization have been exhausted. This condition can progress to ischemia and infection of the limb often requiring amputation [1]. At this stage, the aim of palliative care is to provide social and psychological support to the patient and family. However, this course of action could have been initiated earlier in the course of the disease. Despite the high mortality rate among these patients, this early intervention is not always considered in practice[2-4]. Palliative care requires a specialized multidisciplinary team withan intervention by a psychologist being essential. Authorizing amputation can increase the patient's survival and reduce one of the most serious discomforts they suffer at the end of their lives, the pain. While the ultimate decision regarding treatment rests with the patient, family input is often highly valued. In a study we conducted, 91.6% of patients reported seeking divine protection as their primary source of support while deciding about amputation. After amputation this figure reached 100% [5]. This data is important because it shows that patientssearch forall possible forms of support. In chronic arterial disease, palliative care is defined as support that primarily aims to reduce the negative impact of the disease on the physical, emotional, psychological, social or spiritual condition of patients and/or of theircaregivers.

When amputation is indicated, the medical team informs the patient of the risks and benefits of surgery, but they need to make the final decision. Many patients choose not to amputate and with this they are risking death, claiming that they would prefer to die than to amputate. They report that the pain of the 'soul'after amputation would be greater than that of physical death. Often, the family favors amputation, but the ultimate decision always rests with the patient, who prefers to return home to be with their loved ones. In these moments of decision making, the psychologist's intervention has been of fundamental importance, providing support to the family and the patient.

In these cases, the disease usually evolves to sepsis and so some patients choose not to amputate with an understanding that there is a high risk of death. However, others subsequently reconsider amputation after discussions with family members, or upon further reflection and return to the hospital for surgery. There is desperation at this moment involving both the family and the patient.It is at this time that the medical team and especially the psychologist have an important role. Faced with all these challenges, early palliative care is an approach that should be offered to these patients, but it is important to remember that a specialized multidisciplinary team is fundamental.

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