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Introduction:
Palliative extubation is performed in patients with terminal illnesses in which mechanical ventilation might prolong suffering. Even though the procedure involves nurses, respiratory therapists and doctors, some professionals feel uncomfortable performing a palliative extubation. The concept of withdrawing life support can be easily confounded with euthanasia, specially in low income countries, where there is usually less education on palliative care.

Methods:
A questionary containing 6 open ended questions concerning a hypotetical case of intracerebral hemorrhage and prolonged coma, with potential indication for palliative extubation was applied to 13 members of an emergency department intensive care unit staff (6 doctors, 4 nurses, 3 respiratory therapists (RT).

Results:
More than half of the professionals (61%) had never participated in a palliative extubation. Four professionals (30%) believed palliative extubation is euthanasia. When asked about their own preferences in such a situation, only two (15%) would like to be tracheostomized. Symptoms anticipated by most professionals were dyspnea and respiratory secretions. Four (30%) would feel very uncomfortable performing palliative extubation because they either felt to be killing the patient or unable to manage symptoms

Conclusion:
Most professionals in this tertiary emergency intensive care unit never witnessed a palliative extubation. However, most of believe this procedure is beneficial. Some still cannot understand the difference between palliative extubation and euthanasia. Education in palliative care and withdrawal of life support can be helpful to clear concepts and relieve moral distress in the team.

References: