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Editorial

How Doctors Choose to Die: A Reflection on End-of-Life Decisions in the Medical Profession and their Relevance to Ophthalmologists

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In recent years, there has been an increasing interest in understanding how doctors, who spend their lives prolonging and saving the lives of others, approach their own end-of-life decisions. This interest is not merely academic; it touches upon fundamental issues of human dignity, medical ethics, and the quality of care provided at the end of life. As medical professionals who are deeply familiar with the limitations and potential burdens of medical interventions, doctors often make choices about their own deaths that starkly contrast with those made by the general population. This editorial explores the reasons behind these choices, their implications for end-of-life care, and what the broader healthcare community can learn from them. Importantly, it also considers the specific relevance of these issues to ophthalmologists, whose specialty often intersects with broader medical concerns.

Understanding the physician's perspective

Doctors, by virtue of their training and experience, possess an intimate understanding of the nature of terminal illness and the often futile efforts of aggressive medical treatments at the end of life. They witness firsthand the suffering and diminished quality of life that can accompany invasive procedures and prolonged hospital stays. This profound awareness influences their personal choices when facing their own mortality.

Studies have consistently shown that doctors are less likely to opt for aggressive treatments and more likely to choose palliative care or hospice when they are terminally ill. For example, a study published in *JAMA Internal Medicine* found that physicians were more likely than the general population to have advanced directives and to decline life-prolonging treatments in favor of comfort care [1]. This preference for less aggressive care underscores a critical insight: many medical interventions at the end of life may prolong suffering rather than improve the quality of the remaining life.

The ethics of end-of-life care

The choices made by doctors regarding their own end-of-life care raise important ethical questions about how these decisions should inform the care of patients. If those with the most knowledge about medical treatments opt to avoid certain interventions, it prompts a re-evaluation of the standard approaches to terminal care.

One of the primary ethical principles in medicine is patient autonomy, which includes the right to be fully informed about the benefits and burdens of treatments. Doctors' preferences for their own end-of-life care highlight the importance of transparent and compassionate

communication with patients and their families. When patients are fully informed, they are better equipped to make decisions that align with their values and preferences, potentially leading to a greater focus on quality of life rather than mere prolongation of life.

Implications for palliative care

The preference among doctors for palliative care and hospice services has significant implications for the broader healthcare system. Palliative care, which focuses on relieving symptoms and improving quality of life for patients with serious illnesses, is often underutilized despite its demonstrated benefits. According to a study in the *New England Journal of Medicine*, early palliative care for patients with terminal cancer not only improves quality of life but can also extend survival [2].

The medical community can learn from doctors' preferences by integrating palliative care principles more thoroughly into standard practice. This includes initiating conversations about prognosis and care preferences earlier in the course of illness, and ensuring that patients have access to comprehensive palliative services. By doing so, the healthcare system can provide care that is more aligned with the goals and values of patients, potentially improving patient satisfaction and reducing unnecessary interventions.

Reducing overtreatment and enhancing patient-centered care

The phenomenon of doctors choosing less aggressive care for themselves also sheds light on the issue of overtreatment in the medical system. Overtreatment, which includes the use of interventions that have little or no benefit and may cause harm, is a well-documented problem. It is driven by a variety of factors, including financial incentives, fear of litigation, and cultural attitudes towards death.

By examining the decisions doctors make for themselves, healthcare providers can gain insights into how to better balance the risks and benefits of treatments for their patients. This involves a shift towards patient-centered care, where the focus is on what is best for the patient as a whole, rather than merely addressing specific medical conditions. It requires a commitment to shared decision-making, where patients and doctors work together to make informed choices that reflect the patient's values and preferences.

Relevance to ophthalmologists

Ophthalmologists, like all medical professionals, are not immune to the realities of end-of-life care. Although their primary focus is on the health of the eyes, they often care for patients with systemic illnesses that have ocular manifestations or complications. These patients may be facing end-of-life decisions related to their broader medical conditions. Thus, understanding the preferences of doctors regarding their own end-of-life care can inform ophthalmologists in several ways:

- Holistic patient care: Ophthalmologists frequently interact with patients who have chronic diseases like diabetes or cancer that can impact ocular health. Being attuned to the broader health and end-of-life issues of these patients can improve the overall care and support provided.
- Advance care planning: Ophthalmologists can play a role in initiating conversations about advance care planning. For instance, when discussing the prognosis of vision loss related to systemic disease, ophthalmologists can sensitively introduce the importance of advance directives and palliative care options.
- Interdisciplinary collaboration: Effective end-of-life care often requires collaboration among different medical specialties. Ophthalmologists, by understanding the importance of palliative care and the typical choices doctors make for themselves, can advocate for their patients' holistic care needs in multidisciplinary team settings.
- Patient education and communication: Ophthalmologists, being specialists in a field that sometimes deals with irreversible conditions, can benefit from adopting communication strategies that emphasize quality of life and patient-centered decision-making, principles highlighted by doctors' preferences for their own end-of-life care.
- Personal reflection: Like other physicians, ophthalmologists should consider their own preferences and advance directives. Reflecting on these issues personally can enhance empathy and understanding when guiding patients through similar decisions.

Learning from doctors' choices

The way doctors choose to die offers a powerful message about the importance of prioritizing quality of life in end-of-life care. For the healthcare community, this means fostering a culture that respects patient autonomy, emphasizes palliative care, and reduces unnecessary interventions. It also means educating both healthcare professionals and the public about the realities of medical treatments at the end of life and the benefits of palliative care.

There are several steps that can be taken to achieve this transformation:

- Education and training: Medical education should include comprehensive training in palliative care and communication skills, ensuring that future doctors are prepared to have difficult conversations about end-of-life care with patients and their families.
- Policy and practice: Healthcare policies should support the integration of palliative care into standard practice, including adequate funding for palliative services and incentives for providers to engage in advance care planning with patients.
- Public awareness: Increasing public awareness about the benefits of palliative care and the importance of advance directives can empower patients to make informed decisions about their care preferences.
- Research and evidence-based practice: Continued research into the outcomes of different approaches to end-of-life care can provide valuable evidence to guide practice and policy.

By adopting these measures, the healthcare system can better align with the preferences and values of both patients and providers, ultimately leading to more compassionate and effective care at the end of life.

Conclusion

The choices doctors make about their own end-of-life care provide a unique and valuable perspective on how to improve care for all patients facing terminal illness. Their preference for palliative care and avoidance of aggressive treatments underscores the importance of quality of life and patient-centered care. By learning from these choices, the medical community can enhance the way it delivers end-of-life care, ensuring that it is compassionate, respectful, and aligned with the values and wishes of patients. For ophthalmologists, this understanding is crucial in providing holistic and empathetic care, particularly for patients with chronic and terminal conditions [3-7].

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