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**Reply to Rubolotta et al.:
End-of-life: still a legal
international dilemma**

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Sir:

End-of-life issue and decisions to withhold or withdraw life-prolonging treatment are presently prevalent areas of expertise in the ICU practice. We appreciated the Rubulotta and colleagues' [1] significant contribution to the discussion on this topic and we agree that legal issues have significantly changed medical practice and societal values over the last two or three decades not only in Italy but also over the world. It is presently clear that important intercontinental differences exist toward end-of-life issues, with treatment limitations more acceptable among U.S. and Northern European countries rather than in Southern European and Middle East societies [2, 3]. The landmark cases dealt within the High Courts of various countries and cited by Rubulotta and colleagues gives insight into these different end-of-life attitudes that may be expected by cultural variations in attitude to such issues. Indeed, we rather stressed the Italian and the European (or better

"continental") viewpoint and the key differences that still exist on a more local basis [2]. On the other hand, it is also crucial to remark that conflicts involving medical decision-making near the end-of-life are not always primarily legal in nature. Nor legal forms or formalities cannot solve nonlegal problems. Such decisions are in fact strongly fraught with ethical, religious, moral, cultural, and social difficulties [3, 4]. This is not the place to discuss all the possible influences that varying cultures have on medical decision-making, but it appears reasonable that people from different cultures may be more or less willing to accept advance directives, attempt resuscitation, and withdrawing or withholding life support [5]. Thus, to apply principles in axiomatic fashion is often insufficient to resolve most conflicts involving medical decision-making for this kind of patients.

There is now increased focus on research, education, and quality improvement to improve end-of-life care in the ICU setting. There is also increasing consensus between worldwide professional societies for a shared approach by physicians and family members to decision-making in end-of-life issues [6]. Finally, open discussion of this matter and some change in our attitude toward life and death are needed to give back to the patients a dignified and pain-free death. In matters of mortality, rules simply are not enough.

From a letter of Mrs M.P. Pavani (affected by Amyotrophic Lateral Sclerosis from 1991, and now intubated):

...by allowing to be intubated, I made the more instinctive and

egoistic choice of my life. I did not consider that I would have stolen my relatives' freedom....However, I am lucky as I daily feel their (relatives) love and the faith gives me the force to face serenely my condition. Can it be said the same for the others?

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