



DIALECTICS OF LIVING AND DYING IN DECISION MAKING

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ABSTRACT

The doctor must take into account several aspects for decision making, in this context comes the ethical dialectic on life and death. In Brazil, in curricular terms, medical graduation is still precarious in order to deal with death, making diagnosis of terminality difficult.

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INTRODUCTION

Medicine is continuously developed in technological therapeutic resources for the most varied pathologies, which are widely used in the attempt to cure or save lives, mainly within an intensive care unit (ICU), are the so-called state-of-the-art technologies available for use in patients with severe and / or at risk of death (MORITZ, 2011; BRASIL, 2001). Reports from the Federal Medical Council itself, based on data from the Ministry of Health, showed that in 2016 there was a wide divergence between supply and distribution of ICU beds in the national territory, especially in the public network, becoming a serious health care problem (<https://portal.cfm.org.br/index.php?option=com_content&view=article&id=26167:2016-05-16-12-15-52&catid=3>. Accessed on: 01/09/2018). ICU admission, which is regulated by Ministerial Order No. 466 of the Ministry of Health, was regulated by CFM Resolution No. 2,156 / 2016, which determines the purpose and criteria for admission to that unit, with the purpose of improving the flow of patients, taking into account the profile of the patients and the poor distribution of beds, placing as a priority condition the serious condition to have the probability of recovery and survival (DE FREITAS, 2010, BRAZIL, 2001, PESSINI, 2016). Still on this resolution, the physician must take into account several aspects, from diagnosis, potential

benefit to the patient with the therapeutic and prognostic interventions, as well as the needs of the patient. And from there the professional will make their decision making safely. However, in this context, the ethical dialectic of the decision on life and death comes. Ethical dilemmas are characterized by the need to choose between two or more alternatives, with desirable or not, and there is a need for reflection and transdisciplinary dialogue for decision making. At times, this goes beyond technical knowledge, being superseded by relativity and subjectivity, without a ready response, pre-established behavior or absolute values (BARROS, 2012; LOPES, 2014; NUNES & OLIVEIRA, 2017). Medical knowledge goes beyond scientific knowledge about the understanding and treatment of diseases, because there is a need to approach the human being in an integral way. Thus, this knowledge must make the association of scientific knowledge with a humanitarian and social vision, for the welfare of society. In Brazil, in curricular terms, medical graduation is still precarious to deal with death, the doctor graduates in the midst of the dizzying technological advance of our times and is faced with ethical conflicts related to falling ill and dying, within the technical development, it is necessary to evolve and improve the ethical requirements (DE MAGALHÃES, 2014; SILVA, 2013). Studies show that the diagnosis of terminality is made difficult by doctors for many factors: fear, inadequate academic training, insecurity in the face of sociocultural interpretations involving the life and death of human beings. The finitude of life is passed on as

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proof of failure of medicine, with the so-called "medicalization of life and the concealment of death" (NUNES AND OLIVEIRA, 2017; PESSINI, 2016; MORITZ, 2011). The act of caring requires reflection, decision and ethical actions, fostered and built during medical graduation. And when students adapt during their formation, participatory decision-making may occur with reduced difficulties, combining technical and non-technical factors of knowledge, with ethical and humanization principles, being possible the individualized treatment of the patient, so required at the present time.

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