

YAŞAM SONU VE AĞRI

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ÖZET

Yaşam sonunda ağrı ve sıkıntı veren semptomların değerlendirilmesi ile yönetimi, hastanın ve ailesinin yaşam kalitesi üzerinde önemli etkisi olan çok yönlü bir konudur. Tedavi ve bakım veren sağlık profesyonelleri tüm bakım ortamlarında yaşam sonunda ızdırabı azaltmak için etik bir yükümlülüğe sahipken, ne yazık ki uygun ve yeterli ağrı yönetimine ilişkin engeller devam etmektedir. Ancak erken palyatif bakıma yönlendirme ve değerler, hedefler, tercihler göz önünde bulundurularak yapılan ileri bakım planlaması ile yaşam sonunda iyi bir tıbbi bakım mümkün olabilir.

GİRİŞ

“Yaşam sonu” terimi yaşamın son yılını ifade eder, ancak bazı hastalar için günler veya saatlerle sınırlı, çok kısa bir yaşam süresi olabilir. Prognoz tayini her zaman kolay olmasa da önümüzdeki bir yıl içinde ölmesi beklenen hastaların yaşam sonunda olduğu kabul edilir. Aktif ölüm süreci “ölmek üzere olan hasta” ise yaşamın son saatleri, günlerini ve nadiren birkaç haftayı içerir. Genellikle palyatif bakım ve yaşam sonu bakım terimleri birbirinin yerine kullanılmaktadır. Palyatif bakımın kapsamı daha geniştir, yaşamı tehdit eden ciddi hastalığın zamandan bağımsız tüm süreçlerini kapsar ve hastalığın evresi

ne olursa olsun yaşamı uzatan tedavilerle birlikte olabildiğince erken başlatılmalıdır. Palyatif bakımın özellikle rutin onkolojik bakıma entegre edilmesi konusunda konsensüs oluşmuştur (1). Palyatif bakımın erken entegrasyonu ileri bakım planlamaları ile yaşam sonu bakımın kabulünde de kolaylaştırıcı faktördür (2).

YAŞAM SONUNDAKİ HASTADA BAKIM İLKELERİ

Yaşamlarının son saatlerinde ve günlerinde olan hastalar fiziksel acı çekmenin yanı sıra şiddetli

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- ▶ Hızlı etki başlangıcı ve kısa yarı ömrü ile parenteral olarak uygulanan midazolam palyatif sedasyon için en sık kullanılan benzodiazepindir (72-74). Alternatif olarak propofol kullanılabilir (75, 76).
- ▶ Sedatif ilaçlar doz titrasyonu ile rahatlama sağlanan en düşük dozda uygulanır. Gereksinime göre aralıklı veya sürekli infüzyon olarak kullanılabilir. Acil palyatif sedasyon gereksiniminde daha yüksek dozlar bolus olarak verilir.
- ▶ Palyatif sedasyon uygulanan aktif ölüm sürecinde olan hastaların vital bulgularının rutin takibi yapılmaz. İzlemede sürekliliği sağlanması gereken tek parametre hastanın konforudur. Yaşam süresi daha uzun olan hastalar için klinik durumları da göz önünde bulundurularak uygun parametrelerin izlem ve takibi yapılmalıdır.
- ▶ Palyatif sedasyona başlamadan önce diğer semptomları kontrol etmek için kullanılan ilaçlara, etkisiz veya rahatsız edici yan etkileri olmadıkça devam edilmelidir. Hasta konforu hedefine uygun olmayan ilaçlar kesilebilir.
- ▶ Artifiyel hidrasyon ve beslenmenin devamı kararı palyatif sedasyon kararından bağımsız hasta özelinde verilmelidir (77).
- ▶ Palyatif sedasyon kararının alınması ve tanıklık sırasında aile kadar bakım veren palyatif bakım ekibi de etkilenir. Katılan tüm personelin, sedasyonun gerekçesini ve bakımın amaçlarını anlaması gerekir. Bu kararlar alınırken ilgili ekibin profesyonel ve duygusal donanımı desteklenmelidir.

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