

The Limits of Palliative Care in Relation to Patients' Rights

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Abstract: Palliative care has become one of the most important fields of contemporary medicine, as it seeks to relieve suffering and improve the quality of life of patients facing life-threatening illnesses. Unlike strictly curative approaches, palliative care integrates physical, psychological, social, and spiritual dimensions, with the primary goal of preserving human dignity. However, the development of palliative care has generated numerous dilemmas regarding the limits of medical intervention and the relationship between professional obligations and patients' rights. This paper analyzes the main rights of patients in the palliative context, including the right to information, informed consent, pain control, dignity, and decisional autonomy. It highlights the difficulties that arise when patients refuse treatment, request the discontinuation of invasive interventions, or, conversely, wish to continue procedures that no longer provide real benefits. The study also examines the frequent conflicts between the patient's wishes, family expectations, and the responsibilities of healthcare professionals. The paper argues that the limits of palliative care are not exclusively medical, but also legal, ethical, social, and economic. The absence of a clear legal framework regarding advance directives, palliative sedation, or the refusal of treatment can generate tensions and uncertainty. At the same time, unequal access to palliative care services and the lack of adequate resources affect the effective exercise of patients' rights. The main conclusion is that palliative care must be grounded in respect for patient autonomy, dignity, and values, avoiding both therapeutic abandonment and therapeutic obstinacy. A balanced approach requires not only symptom control, but also the protection of the fundamental rights of the person in the face of illness and death.

Keywords: Palliative Care, Patients' Rights, Autonomy, Informed Consent, Dignity, Medical Ethics, Quality of Life

Introduction

Palliative care is one of the most sensitive and complex forms of medical, social, and spiritual intervention, aimed at alleviating suffering and improving the quality of life of patients living with incurable or advanced-stage illnesses. At the same time, palliative care raises a number of questions concerning the limits of medical intervention, patient autonomy, the right to information, informed consent, the right to dignity, access to treatment, and the relationship between prolonging life and avoiding unnecessary suffering (Muntean et al., 2016, p. 77). This article seeks to critically examine the limits of palliative care in relation to patient rights, highlighting the tensions between medical ethics, patient-rights legislation, and the realities of contemporary healthcare systems.

Palliative care has developed significantly over the last decades, becoming an essential component of modern healthcare systems. Unlike strictly curative approaches, palliative care

seeks to reduce pain and physical, psychological, social, and spiritual suffering. However, as this field has expanded, multiple dilemmas have also emerged regarding the limits of medical intervention and the rights of the patient (Schützenberger, 2017, p. 43).

In practice, there are situations in which the patient wishes to refuse treatment, requests full information about the prognosis, asks for the discontinuation of invasive procedures, or, conversely, requests that interventions continue even when they no longer provide any real benefit. Thus, palliative care becomes a space of tension between the physician's obligation to do good, the need to avoid unnecessary suffering, and the patient's right to decide about their own life. In this sense, genuine dilemmas arise with which palliative care must contend. The analysis of the limits of palliative care cannot be separated from reflection on patient rights. In many cases, the difficulties do not arise from a lack of medical resources, but from the impossibility of reconciling the patient's values, the obligations of professionals, and institutional constraints (Goian, 2023, p. 55).

The Concept of Palliative Care and Its Goals

According to the definition formulated by the World Health Organization, a specialized agency of the United Nations, palliative care is an approach that seeks to improve the quality of life of patients and their families facing problems associated with life-threatening illness through the prevention and relief of suffering.

Palliative care is not limited to pain control. It includes symptom management, psychological support, social and family support, spiritual counseling, assisting the patient in the decision-making process, and respecting the dignity and autonomy of the person. Ideally, palliative care should begin early, alongside curative treatments, and not only in the final days of life. In practice, however, it is often associated exclusively with the terminal stage, leading to delayed support (Neamțu, 2005, pp. 17–21). In the context of palliative care, patient rights acquire special importance because the patient is in a situation of heightened vulnerability. The most important rights in this context are discussed in the following sections.

The Right to Information

The patient has the right to be informed about their diagnosis, prognosis, therapeutic options, and the side effects of treatment. In palliative care, this right becomes difficult to manage because information about the course of the illness may generate anxiety, depression, or loss of hope. There are situations in which the family asks the physician not to tell the patient the truth, considering that the patient would not be able to bear the news. Nevertheless, withholding information may violate the person's autonomy and their right to make informed decisions (Mata, 2018, p. 66).

The Right to Informed Consent

Any medical intervention requires the informed consent of the patient, and this principle is one of the most important expressions of personal autonomy and respect for human dignity. In the field of palliative care, informed consent acquires particular relevance, because patients are often confronted with incurable diseases, prolonged suffering, and difficult decisions concerning the limits of treatment. In such situations, the patient has the right to accept or refuse certain medical interventions, even when these might contribute to prolonging life.

Thus, a patient in an advanced stage of illness may decide to refuse artificial nutrition, mechanical ventilation, cardiopulmonary resuscitation, or the administration of aggressive treatments such as chemotherapy in terminal stages. Such a decision should not be interpreted as a desire to die, but rather as a legitimate choice through which the person seeks to preserve control over their own existence and over the manner in which they live through the final

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stages of life. For many patients, quality of life, the absence of pain, and the preservation of a certain degree of autonomy are more important than the mere biological prolongation of existence. Respecting such a decision is often difficult both for the family and for medical staff. Family members may perceive the refusal of treatment as giving up the fight or even as abandoning hope, while physicians and nurses may feel that they are failing in their professional duty to save the patient's life. Nevertheless, contemporary medical ethics emphasizes that respect for the patient's will is essential and that maintaining invasive interventions at all costs may lead to the unnecessary prolongation of suffering.

In this context, the role of the palliative care team is to ensure clear, empathetic, and ongoing communication both with the patient and with the family. Open dialogue can help clarify the reasons underlying a particular decision and can reduce the emotional tensions generated by the refusal of treatment. The medical team also has the responsibility to ensure that the patient has received all necessary information about the consequences of their choice and that the decision is made freely, without external pressure or undue influence.

The Right to Dignity

Human dignity is one of the fundamental principles of palliative care and constitutes the basis of all medical, psychological, and social interventions offered to a patient in an advanced or terminal stage of illness. Respect for dignity (Rotaru, 2016a, pp. 29-43) means recognizing the intrinsic value of every person, regardless of the severity of the condition, the degree of dependence, or the medical prognosis. The patient has the right to be treated with respect, compassion, and sensitivity, without being reduced to the status of a "medical case" or a "diagnosis."

From this perspective, patients should not be subjected to unnecessary, degrading, or disproportionate procedures in relation to the real benefits they may bring. There are situations in which repeated investigations, invasive maneuvers, or aggressive interventions no longer contribute to improving the patient's condition, but only prolong physical discomfort and psychological suffering. For this reason, palliative care promotes the idea that not every procedure that is technically possible is also ethically justified. In the terminal stages of illness, preserving dignity may involve avoiding invasive investigations, limiting treatments that no longer offer any real benefit, and respecting the patient's preferences regarding how they wish to spend the final days of life. For some patients, this may mean the wish to die at home, in a familiar environment, surrounded by family and loved ones. For others, it may mean preserving privacy, autonomy, or important spiritual and religious practices.

At the same time, respect for dignity involves providing constant emotional support and creating a context in which the patient feels heard, understood, and valued. Fear of suffering, the feeling of uselessness, the loss of independence, or anxiety about death can profoundly affect the patient's self-image. Under these conditions, the care team has the responsibility to protect not only the patient's body, but also their identity, values, and meaningful relationships.

Thus, dignity is not limited merely to avoiding humiliation or unnecessary suffering, but entails recognition of the fact that every patient remains a person with rights, needs, beliefs, and personal wishes until the very last moments of life.

The Right to Pain Control

The patient has a fundamental right to the control of pain and severe symptoms associated with illness, and this right forms part of the healthcare system's obligation to prevent unnecessary suffering. In palliative care, pain treatment is not merely a medical intervention, but also an expression of respect for human dignity and for the patient's quality of life. Severe

pain, dyspnea, nausea, insomnia, anxiety, or agitation can profoundly affect both the physical condition and the psychological and spiritual balance of the patient.

In this context, access to appropriate medication, including opioids such as morphine, is essential for symptom relief and for the reduction of suffering. When the patient does not receive the necessary treatment for pain, there is a risk that the illness will be accompanied by a deeply traumatic experience, marked by continuous discomfort, loss of autonomy, and the deterioration of family and social relationships. Lack of access to opioids, insufficient palliative care services, or the absence of specialized medical personnel may constitute serious violations of patient rights, because they prevent the provision of adequate and humane care.

In many healthcare systems, including certain regions of Romania, access to palliative care remains unequal and limited. These differences are especially visible between urban and rural areas, where specialized services are fewer, distances to medical centers are greater, and patients receiving care at home often depend almost exclusively on their families. In the absence of mobile palliative care teams, sufficient residential centers, or an adequate number of doctors and nurses trained in this field, many people in advanced stages of illness do not receive the care they need.

This situation highlights the fact that the right to palliative care should not be regarded as an optional or secondary service, but as an essential component of the right to health. The state and medical institutions have the responsibility to develop accessible, equitable, and patient-centered services so that every person, regardless of where they live or their economic circumstances, may benefit from pain treatment and from the support needed in the final stages of life.

Medical Limits

Palliative care cannot completely eliminate suffering. There are refractory symptoms, pain that is difficult to control, profound anxiety, or terminal delirium that may persist despite treatment. There are also biological limits to the body. Sometimes, even the most advanced therapies cannot prevent the progressive deterioration of vital functions. In such situations, the goal of medicine is no longer cure, but the preservation of comfort and dignity.

Legal Limits

Legislation concerning patient rights does not always provide answers to all the dilemmas arising in palliative care. There are controversial situations concerning deep palliative sedation, refusal of hydration and artificial nutrition, the limitation of life-sustaining treatments, advance directives, and the designation of a person to make decisions on behalf of the patient. In Romania, the legal framework concerning advance directives and the patient's decision-making autonomy in terminal phases is still insufficiently developed. This gap can generate conflicts among family members, physicians, and institutions.

Ethical Limits

Palliative care frequently involves conflicts among the classical ethical principles of patient autonomy, beneficence, and distributive justice. For example, a patient may request the discontinuation of treatment, while the physician believes that there is still a chance of improvement. In other cases, the family may request the continuation of aggressive interventions even though they produce only additional suffering.

One of the most sensitive issues is the difference between palliative sedation and euthanasia. Palliative sedation seeks to reduce the patient's consciousness in order to control refractory symptoms, without the intention of causing death. Euthanasia, by contrast,

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involves a deliberate act intended to bring about death. The distinction between the two is important both legally and ethically (Payne, 2011, pp. 88–90).

Social and Economic Limits

Palliative care is influenced by the resources available. The lack of specialized centers, staff shortages, high costs, and unequal access to services may limit the effective exercise of patient rights. Patients in rural areas, those with low incomes, or those without family support are often at a disadvantage. In addition, families frequently bear the financial and emotional burden of care, which may generate pressure on medical decisions.

Patient Autonomy and Conflict with the Family

One of the most frequent tensions in palliative care arises between the patient's wishes and the expectations of the family. Very often, relatives request the continuation of aggressive treatments even when the patient would prefer a less invasive approach. There are also reverse situations in which the family requests the limitation of treatment while the patient wishes to continue fighting for survival. These conflicts highlight the importance of respecting patient autonomy and the need for early discussions about end-of-life preferences. In practice, the palliative care team must mediate between the patient, the family, and the medical staff, seeking to avoid both therapeutic abandonment and therapeutic obstinacy.

Therapeutic Obstinacy and the Right to Refuse Treatment

Therapeutic obstinacy refers to the continuation of disproportionate, futile, or non-beneficial treatments for the patient. It may occur when interventions are maintained solely for the biological prolongation of life, without regard for the person's suffering. The patient's right to refuse treatment is an essential component of autonomy. Refusal should not be interpreted as abandonment or as a lack of respect for life, but as an expression of the right to decide over one's own body and over the tolerable limits of suffering. In this sense, palliative care must promote a balanced approach in which treatments are proportionate to their real benefits and compatible with the patient's values (Palade Gheran, 2018, p. 73).

The Spiritual Dimension and Patient Rights

Palliative care cannot ignore the spiritual dimension of suffering. Many patients ask questions related to the meaning of life, death, guilt, hope, and their relationship with God. Respecting the patient rights also entails respect for religious freedom (Rotaru, 2016b, p.30-37), beliefs, and spiritual practices. The patient has the right to request religious assistance, to receive the visit of a cleric, or to refuse certain interventions incompatible with their convictions (Jurado, 2024, pp. 64–75).

For religious patients, the spiritual dimension may represent an important resource of resilience. At the same time, medical staff must avoid imposing their own convictions and must respect the diversity of values and beliefs. One very complex and tragic case involved a palliative care patient of Romani ethnicity who wished to go to confession, but the physician decided that he was not allowed to move because his life was in danger and therefore prohibited him from getting out of bed. In this case, we are dealing with a violation of the right to self-determination, personal will, and freedom, even if the physician's intentions may have been good.

Conclusions

Palliative care is a field in which medicine, ethics, law, and spirituality intersect in a profound way. The limits of palliative care are not only technical or biological limits, but also legal, moral, and social ones (Buzducea, 2016, pp. 265–289). Respect for patient rights must remain the central principle of any palliative intervention. Autonomy, informed consent, dignity, the right to pain treatment, and spiritual freedom must be protected even in the most difficult moments of illness. At the same time, there is a need for the development of a clearer legislative framework regarding advance directives, palliative sedation, and the refusal of treatment, as well as for the expansion of access to high-quality palliative care services (Neamțu, 2016, p. 125). A society that respects patient rights is not one that prolongs life at any cost, but one that gives every person the possibility to live and die with dignity. Only when the global healthcare system truly understands this, and when it becomes actual practice, will it genuinely be in the service of humanity.

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