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# A Bioethical Framework and Reasoning on Antibiotic Use in Palliative Care: A Systematic Review

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**Background:** Antibiotic use in palliative raises ethical questions mainly related to the intentionality of its prescription and risk treatment burdens associated with its use in patients nearing the end of life.

**Aims:** To systematically review the bioethical framework and reasoning on antibiotic use in palliative care.

**Methods:** Systematic Literature following PRISMA 2009 in PubMed, Web of Science, CINAHL Complete, MEDLINE Complete, Nursing & Allied Health Collection: Comprehensive, Database of Abstracts of Reviews of Effects, Cochrane Database of Systematic Reviews, Cochrane Methodology Register, MedicLatina, Health Technology Assessments, NHS Economic Evaluation Database and EBSCO databases. The keywords were: “antibiotic” and “palliative care” and “ethics”. The inclusion criteria were publications in English, full text and references available. Selected articles were independently reviewed by two investigators.

**Results:** Of the 38 articles meeting the inclusion criteria, 5 were selected for analysis. Findings show the prevalence of

the “Principlism” (Autonomy, Beneficence, Non-Maleficence and Justice) as the main ethical framework informing decision-making about antibiotic use in palliative care. Major ethical concerns appear to be the lack of time to address life-sustaining treatment separately from antibiotic use. The ability to accurately define the prognosis may be a relevant feature in deciding whether or not to prescribe antibiotics to palliative patients.

**Conclusions:** Ethical issues arise when prescribing antibiotics in palliative care, especially in patients nearing the end of life. Current ethical frameworks seem to be based on the medical ethical principles of Autonomy, Beneficence, Non-Maleficence and Justice. Further empirical bioethics research and debates are needed to ameliorate decision-making processes on antibiotic use in palliative care.

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