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LETTER TO THE EDITOR

Religion may play an important role for patients, families, and doctors at the end of life

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Dear Editor,

We read with great interest the article by dos Anjos et al. about the relationship between religious practice and the choice of invasive care at the end of life care [1]. The authors found that the presence of religion limited invasive care as well as the indication of intensive care unit (ICU) admissions and cardiopulmonary resuscitation (CPR) [1]. Indeed, the authors reported that the prevalence of invasive care was almost three times higher among physicians without religion for venous access, regarding the indication of ICU and CPR [1]. The relationship between the presence of religion among physicians and the indication of invasive treatment was an important part of this study since no previous study evaluated this topic in the setting of the palliative care [1]. We agree with the authors and we would like to point out some comments about this topic.

Physicians working in ICU commonly deal with clinical situations where a further intensity of care may result in futile therapies, and the end of life care is very complex; it takes into account several aspects to optimize the quality of life by anticipating, preventing, and treating suffering of the patients and their family [2]. The importance of religion is unquestionable, not only for medical doctors but mainly for patients and families confronted with end-of-life decisions [3]. Religious ICU patients and families reported more peaceful perceptions of the end of life situation, probably because being active in a religious community is associated with more social and emotional support during the process of withholding and withdrawing life-sustaining therapies [4]. Families of ICU patients, interviewed 1 year after a decision to withhold or withdraw life-sustaining therapies, spontaneously reported pastoral care as a fundamental source of psychosocial support [5].

Religion and spirituality may play an important role also for medical doctors working in ICU, influencing the attitudes of ICU personnel when making decisions to forego life-sustaining treatments [6]. Sprung et al. found that, for doctors working in ICU, religion was significantly associated with withholding and withdrawing ICU therapies at the end of life, and then shortening the life process, but without recurring to an active approach to facilitating death [7].

Another important point of the paper is that critical care and palliative care are still perceived as sequential and exclusionary processes rather than complementary and concurrent approaches. The evolution of ICU therapeutic approach continues to bring many extraordinary life-saving interventions, but we cannot forget two equally important aspects of our job, to relieve suffering and comfort our patients and their families [8]. In our opinion, the less invasive approach of religious doctors encompasses many nonmedical aspects, including faith, cultural expectations, legal constraints, and personal values. Religion indeed has a powerful influence in ethical decision-making in the end of life, since it may be reflected in the clinical practice.

According to this, we strongly support the authors' conclusions that we need huge studies evaluating the impact of different cultural, legal, political, and ethical preconditions on the end of life choices to improve and homogenize the management of dying patients in ICU.

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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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