Paraplegia

The Right to Die of a High Quadriplegic in a Developing Country: Case Report

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Summary

In the north of Thailand a 21-year-old patient with a complete quadriplegia at C4 level with respiratory insufficiency was treated, including assisted respiration. The patient felt that living held nothing for him and therefore he requested at his own free will to go home and die.

Key words: *Quadriplegia; Respiratory insufficiency; Respirator; The right to die.*

Thailand is known as one of the fastest developing countries in Southeast Asia. The capital city of Bangkok is unmatched for its rapid growth and bears a similar outlook to any big city, but it still retains its traditional charm and culture. There is, however, poverty for the majority of the population in the remote rural areas.

At Chiang Mai University Hospital where no patients are turned down, over 50 patients with spinal cord injuries are admitted each year; 60% are farmers including 43% who sustained their injury from falling from heights, and 28% had motor vehicle accidents.

Free medical care and a limited hospital budget pose the main problems for treatment since very few patients can afford to pay. Most are discharged soon after an initial period of rehabilitation. Regarding the high quadriplegic patients, most do not survive for very long.

Case report

A 21-year-old male broke his spine as a result of diving into shallow water, resulting in a complete quadriplegia below C4 with respiratory insufficiency. During the acute phase, a respirator was necessary. The neurological deficit increased after a posterior cervical fusion operation, followed by respiratory and urinary tract infections. He had intensive use of antibiotics, and chest physiotherapy. The blood gases became normal, and he was taken off the respirator, only to be placed on it again 2 weeks later when respiratory tract obstruction and infection with atelectasis reoccurred. The blood gas PO₂ was below 50.

At this stage, the patient himself instinctively realised that he was in a terminal state and he refused all forms of further treatment. At his own request, he was discharged from the hospital and went home to die, surviving only half an hour.

Discussion

Despite the fact that it is very rare for patients with a C4 lesion to improve, it is our hospital's routine to initiate ventilation with every acute patient who has respiratory insufficiency. This may not seem appropriate, but in Thailand it is more of a moral obligation for doctors to make their last attempt before they have to break the sad news to the patient's relatives and let them make their own final decision.

In terms of religion as well as legal practice, Thai doctors do not have the right to terminate the treatment. The respirator will only be discontinued at the wish of the patient himself or of his relatives. This applies to all patients, not only to rural dwellers or to the poor in Thailand.