Abstract

Background: Advances in clinical procedures have enabled to extend the life of the patient, but sometimes, disproportionate, useless or futile medical care measures give rise to what is known as therapeutic obstinacy. Objective: To determine some attitudes of the informal primary caregiver (IPC), the person who takes care of a cancer patient with a terminal diagnosis. And to determine if their attitude may influence the decisions of not applying the limit therapeutic effort (LTE) and end in therapeutic obstinacy. Material and method: A qualitative and descriptive study was done, using group interviews (focal groups), and literature review. Obtained data were handled by using situational analysis. Purposeful sampling (non-statistical) was used in a population of IPC of a public institution of the Mexico City of patients diagnosed with cancer. Results: Informal primary caregivers in all cases were first-degree relatives of the patient, in who is delegated full responsibility of care: siblings 41.1%, parents 25.3%, sons or daughters 19.3% and spouses 14.2%. Although their reactions are very similar to those of the terminal patient: fear, loneliness, concern about the lack of knowledge of medical terms, uncertainty about the future, the IPC are very stable and confident against the situation of the patient and the decision-making process, from the physician and health care team. Conclusions: Informal primary caregivers do not intentionally seek to promote doctor’s decisions to favor the continuity of treatments that end in therapeutic obstinacy, as in other countries. Instead, they are willing to accept the natural course of death, when the doctor poses extraordinary measures to refrain from his patient. The socio-cultural level, religious beliefs and cultural value of family cohesion, characteristic of this Mexican population, seek for a channel that neither accelerates nor delay death.

Keywords

Therapeutic obstinacy, terminal patient, primary informal caregivers, limit of therapeutic effort.