RESUMO - BIOÉTICA

ORTHOTHANASIA IN PALLIATIVE CARE: AN EXPERIENCE REPORT IN LIGHT OF THE DIGNITY OF THE HUMAN PERSON

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Introduction: Orthothanasia is an end-of-life care approach that allows death to occur naturally, limiting disproportionate interventions while offering relief from suffering. It constitutes a central ethical principle in palliative care, based on respect for the inviolable dignity of the person and the proportionality of medical treatments, avoiding both therapeutic obstinacy and the intentional anticipation of death. Despite its conceptual soundness, its application in clinical practice remains complex and challenging. Experience report: The experience was lived during an academic internship at the Palliative Care League of the State University of Montes Claros, in 2025, at a reference oncology hospital in northern Minas Gerais. In this context, patients with advanced neoplasms were assisted, frequently without the possibility of disease-modifying therapy, requiring careful evaluation regarding the adequacy of invasive measures. In one of the situations observed, a patient with metastatic neoplasia in progression, without prospect of curative treatment, was initially subjected to supportive invasive measures, despite the reserved prognosis. In this scenario,

tension was observed between maintaining potentially futile interventions, the patient's presumed desires, and the family's expectation of prolonging life. Through interdisciplinary discussions and progressive communication with family members, care objectives were redefined, limiting invasive measures and prioritizing comfort care. In general, the situations experienced showed that the absence of clear communication and ethical deliberation can lead to therapeutic obstinacy, compromising the patient's dignity. Conversely, when guided by interdisciplinary dialogue, attentive listening, commitment to the proportionality of care, and recognition of the intrinsic value of life, decisions progressively favored limiting futile interventions and prioritizing measures focused on comfort and respect for the person. This approach not only promoted better symptomatic control but also fostered a more meaningful and humanized care process, promoting relief from suffering, greater integration between the team, patient, and family, respecting the finitude and intrinsic value of the person. However, not all situations evolved harmoniously, with some cases showing difficulties in accepting finitude and family resistance to therapeutic limitations, highlighting the inherent complexity of the practice of orthothanasia. Conclusion: Experience shows that orthothanasia, far from constituting therapeutic abandonment, expresses ethically responsible care, based on respect for the dignity of the person and acceptance of finitude as part of the human condition. In this context, medical action is called upon to integrate technical competence, moral discernment, and spiritual sensitivity in order to offer truly comprehensive end-of-life care.

Palavras-chave: orthothanasia; palliative care; bioethics; human dignity; therapeutic proportionality.