

Table 1 Bioethics challenges in palliative care

Autonomy	Beneficence/non-maleficence	Justice	Communication
<ul style="list-style-type: none"> • patient's dignity • informed consent • decision-making capacity • the best possible care and comfort • surrogate decision-making • right to know • truth telling • healthcare team honesty • patient's preferences and conflicts (of interests) among the patient and caretakers • confidentiality • privacy 	<ul style="list-style-type: none"> • quality of life • relief of pain is a core ethical duty in medicine. • relief from pain is a legal right (WHO) • 'double effect' • end-of-life care • the concept of a good death • advance care planning (advance directives) • respect do-not-resuscitate directive • euthanasia • physician-assisted suicide • futility • withhold or withdraw treatments • withdrawal of life-sustaining therapies • continuity of effective palliative care until end of life • vulnerable groups and research 	<ul style="list-style-type: none"> • scarcity of health resources • limiting life-sustaining treatments • provider conflict • critical care providers • scientific knowledge on the subject • availability of palliative care • home versus hospital versus hospice care 	<ul style="list-style-type: none"> • psychosocial/emotional care • spiritual care • spiritual/religious distress • social support • bedside clinical ethics • consult availability • effective and compassionate communications • pain control and symptom relief