The development of intensive care during last several decades has brought the ability to increase patients survival and quality of life (QOL) however new tasks and concerns especially in ethics occured. Emerging imbalance among therapeutical options and economic resources together with false optimism of physicians and public regarding „borderless“ possibilities of medicine started the discussion about allocation of resources to patients in whom real hope for improvement of medical status or quality of life could be anticipated. Intensive care can prolong dying often associated with distress and loss of dignity that is in contradiction to ethic principles and the main right of human. Withdrawing organ support techniques that is considered as a futile, inappropriate and without chance to improve clinical outcome is in accordance with ethic rules. In this situation, the principal goal of medicine, preserving life and health is no longer affordable therefore it is necessary to change our effort to ensure basic patient´s physical, psychological, social and spiritual needs with accent to respect dignity.

The aim of PhD theses was:

- to define areas and key principles regarding end-of-life decision (EOLD) making in intensive care,
- to identify factores affecting short and long-term outcome (surviving and quality of life) in patients admitted to ICU,
- to evaluate the relationship between ICU cost of care and clinical outcome,
- to evaluate attitudes of physicians working on ICU in the Czech Republic towards EOLD
- to write proposal of consensual multidisciplinary statement of end-of-life decision making in ICU patients suffering from irreversible organ failure.

Results:

1. Every patient has the right to be provided the therapy that is appropriate to health condition and medically justified. Futile and inappropriate treatment should not be ordered. There is no difference from medical, ethical and legal point of view in limiting particular organ support techniques during withdrawing process. Withholding or withdrawing life sustaining treatment including mechanical ventilation (terminal weaning) are essentials procedures that are not linked to euthanasia. Writing decision to patient´s medical record is essential. Limiting futile treatment does not mean limiting patient´s rights but on the contrary it acts as a way to avoid disturbing ethic principles and to ensure dignity during dying.
2. Quality of life is subjective human feeling of real life that can considered only by persone itself. Quality of life of ICU patients was decreased in all dimensions there was effect of diagnosis on QOL. Evaluation of quality of life in incompetent patients by physician may not be the principal factor in decision making process.
3. Financial of budget issues may not be the reason for withholding or withdrawing therapy . The major factors affecting cost of care were: the lenght of stay and sepsis.
4. Data regarding Czech ICU physicians attitudes towards EOLD show that withholding and withdrawing treatment is acceptable for the most of physicians, however terminal weaning was refused by more then half of respondents. Withholding therapy is preferred to withdrawing in clinical practice. Analgetics, sedatives and infusion were kept in all patients with limited treatment. The lack of privacy and impersonal environment are considered as the main barriers to ensure dignity of dying patients.