

## MAKING DECISIONS ABOUT LIFE SUPPORT TREATMENTS

Sometimes before, sometimes during a serious illness, you and/or you family may be asked to make decisions about life support treatments. This may include starting, stopping or limiting life support treatments. We want to take the opportunity to explain your rights and choices so the best decisions can be made for your individual situation.

### ***What are Life Support Treatments?***

- Life support treatments includes medicines and machines to keep the body alive.
- Life support treatments can help a person get better from a serious illness.
- Life support treatments can keep the body going as death nears, and can make the dying process longer.

### ***What do I need to Know about Life Support Treatments?***

Sometimes, the side effects of tests and treatments (pain, suffering, etc.) may be greater than the benefits of continuing life support treatments. If there is little chance of survival or meaningful recovery, or if the suffering will be greater than the benefits of the treatment, you have a right to decide not to begin or continue/limit life support treatments.

To understand as much as possible about these decisions, please ask for a simpler explanation. Your doctor can answer most of these questions, but you can also ask a nurse, social worker or chaplain to help figure out your options and deal with your feelings and beliefs.

- Why is this test or treatment needed?
- Is this test or treatment a life support treatment?
- How long will this treatment be needed?
- What are the risks with this treatment?
- Are there other ways to provide treatment?
- What happens if I don't have the test or treatment?
- Will this test or treatment help, or will it slow down the dying process?

### ***Examples of Life Support Treatments:***

- **Ventilator support:** If the lungs are not strong enough to breathe on their own, or the ability to breathe is lost, a ventilator may be used. A tube is put down the throat into the lungs to force air into the lungs. A person cannot talk or eat while on a ventilator. The goal is to allow the lungs to heal and work again on their own after an illness or injury. There are occasions when this does not work and someone may need the ventilator permanently. Some individuals do not want to be kept alive if it means being on this machine. The ventilator can be removed to allow someone to die. *(Taking away ventilator support when a person is dying does not cause death, but allows death to occur naturally.)*
- **Cardiopulmonary Resuscitation (CPR):** CPR is used when someone's heart and lungs stop working. CPR includes chest compressions where medical staff push hard on someone's chest to pump blood while the heart is not working. Electric shocks may be given to attempt to restart the heart, along with strong medications. A tube will be put down the throat to allow the machine to push air into the lungs.

- ▶ Will CPR work? CPR can save lives, but the success rate is low. A person's age, health, other illnesses can all affect whether it will help. How quickly CPR is started can also affect whether it will help. If a person's heart and lungs stop for too long, brain cells can begin to die. Even if CPR is successful, the effects of CPR can cause other health problems. Not everyone will benefit from CPR, especially those with many illnesses or advanced age.
- ▶ To decide if CPR is right for you or your loved one, talk with your doctor about the risks and benefits of CPR. If you both agree that it would be of benefit, this is "full code".
- **No CPR (DNR/no code, do not resuscitate):** The health care team will perform CPR when needed unless there is a Do Not Resuscitate order (DNR). There are times where the body is too weak to benefit from CPR or CPR may cause injuries because of pushing down so hard on the chest. This can be from advanced age, illness or other medical conditions. When someone is in the dying process, CPR is not likely to help and may only increase suffering. Talk with your doctor about whether CPR is likely to help or not. If you decide CPR is not the right choice, the doctor will write a Do Not Resuscitate order (DNR). *(Care and comfort will always be provided with a DNR order along with other treatments you decide with the doctor. A DNR order does not change medical decisions or treatments you choose unless your heart and lungs stop working. There are some settings when your DNR order may temporarily be suspended during a treatment. Discuss this with your doctor.)*
- **Feeding tubes and fluids:** Tube feedings are used to feed some patients when they cannot eat or cannot safely eat. It can help speed the healing process. Some special IV fluids may also help speed the healing process.
  - ▶ A tube can be put through the nose and into the stomach to provide liquid food.
  - ▶ A tube can be surgically inserted through the skin directly into the stomach to provide liquid food.
  - ▶ Special fluids can be given through a vein using an IV line to provide nutrients into the bloodstream.

The advantages to these options are that someone who is seriously ill and expected to recover will benefit from these treatments and need them for a period of time. The disadvantages can be discomfort from the tubes, infections where the tubes are placed and side effects from treatment (for example if the food goes into the lungs causing pneumonia).

Food is a basic part of human life and we express love, caring and wellness through food. In some cases though, medical feedings may lead to other health problems and make the dying process longer. When someone is dying, the body begins to slow down and patients don't feel hungry or need food. In these cases, the patient is not starving but the natural dying process is taking place. *(Not starting or stopping medical feedings allows death to occur naturally. In all cases, patients will be kept comfortable.)*

Important questions to ask your health care team about starting, continuing or stopping medical feedings:

- ▶ Will this be required for a short period of time?
- ▶ Will it cause other health problems?
- ▶ What burdens and benefits can we expect?