RIVERSIDE
Advance Care Planning

Guide to Life Sustaining Treatments

If a person can no longer make their own decisions, families must rely on conversations they had to make decisions the way this person would have done for themselves. The benefits and burdens of these treatments must be weighed by each individual, and their goals for how they want to live must be the guiding force for decision making.

This guide is intended as a supplement to conversations with health care providers. It is important to ask questions, and to keep in mind that end-of-life treatment choices should be based on how you want to live in the time that remains.

CARDIO-PULMONARY RESUSCITATION (CPR)

If you become very sick, you or your family members may be asked whether or not you want CPR if your heart or breathing stops. The best time to think about this is before an emergency. The information below can help you consider what results you would want if you are ever resuscitated and can serve as a guide for a discussion with your doctor.

CPR was first used in 1954 as an emergency treatment for people who had an unexpected illness or injury. If it was not successful, the person died. In the 1970's, ventilators became available in hospitals and were able to replace the functions of the heart and lungs even if CPR was unsuccessful. CPR can be used when people are already dying even if there is no way to reverse the disease or change its outcome. Because of this, discussions about CPR should be part of all good medical care, especially for those with a life-limiting illness. A special medical order is needed if you do not want CPR.

What is CPR?

Chest compressions are used to stimulate the heart, and air is forced into the lungs. In the hospital and outside of the hospital when 911 is called, drugs are injected, electric shock may be used and a tube is inserted into the throat so that a machine can breathe for the person.

What can it do?

On television, CPR is effective 75% of the time, and patients often fully recover. However, in real life CPR is effective in the hospital about 18% of the time. In people who are very sick or frail, the success rate is 3%.

What are the risks?

After receiving CPR, many people require 24-hour care in a facility, or may require a constant breathing machine. When this happens, decisions about continuing or stopping treatment must be made by family members.

How can I decide?

If you have a serious illness, talk to your doctor about the likelihood of your heart or breathing stopping, the chances of success from CPR and what your condition would probably be after CPR. You may decide not to have CPR performed. If you receive CPR and your condition is unacceptable to you, you can choose to stop treatments, such as a breathing machine, that keep you alive.

You may also decide to receive CPR, regardless of the outcome. The choice is yours. Write your wishes on an Advance Directive, and choose a healthcare agent who understands your choices and is willing to honor them. Most importantly, talk about it with the people who are closest to you.

HELP WITH BREATHING (Ventilator)

For some people with chronic lung conditions or other illnesses, machines that help with breathing can be an important part of their care plan. However, for people with late stage or terminal illnesses, these treatments will not change the progression or outcome of their illness. The information below may help you prepare for a discussion with your doctor about whether these treatments are likely to benefit you.

What is a ventilator?

A ventilator is a machine that completely replaces the function of the lungs through a tube placed in a hole in the throat (tracheotomy). Less invasive treatments like CPAP and BiPAP machines force air into the lungs using a mask. When a person is put on a ventilator, it is not always known ahead of time whether it will be needed on a short- or long-term basis.

What can it do?

Using a breathing machine for a short period of time can help people recover from an infection or manage temporary setbacks. When someone is placed on a ventilator after a sudden event like a heart attack, stroke or brain injury, doctors do not always

know if the person will be able to breathe on their own again. A period of time must pass before the doctor can predict the outcome.

For those in the last stages of a terminal illness, a ventilator may only prolong the process of dying. In cases with a permanent loss of awareness, the ventilator will keep the person alive but will not assist in improving their condition.

What are the risks?
Medications may be used to help people relax so they do not struggle or remove the breathing tube, and this may cause them to be unable to communicate. There is also a risk of pneumonia and injury to the lungs.

How can I decide?
Thinking about your goals for treatment is the best place to start. If you have an illness, talk with your doctor about your risk for not being able to breathe on your own, and the likely results of using machines to help. There are treatments that will ease anxiety and discomfort when it is hard to breathe without using machines. If you are healthy, let your family know if you would want a breathing machine to keep you alive after a sudden illness or injury resulting in a permanent loss of awareness.

Although it is hard to think about, consider what condition would be "worse than death" for you and talk with the people who are closest to you about it. You can write an Advance Directive to communicate your choices. Be sure to review it with your family and all of your doctors often.

ARTIFICIAL NUTRITION AND HYDRATION

The decision about artificial feeding and hydration at the end of life is difficult. These treatments can be beneficial for those recovering from an illness or injury, but for individuals who are facing the end of life, there are both benefits and risks that should be discussed with a physician.

What is artificial nutrition and hydration?
Doctors insert tubes into the veins (IVs) or into the stomach to get fluids or a nutritional substance into the body. When a long-term feeding tube is used, a surgeon permanently places a tube into the stomach. Short-term nutrition can be provided with a tube inserted through the nose and down to the stomach.

What can it do?
At the end of life, artificial nutrition and hydration will not change the outcome, but may prolong life for a short time. For individuals who are in a persistent vegetative state without awareness of themselves or others, these procedures can sustain life indefinitely.

Artificial nutrition and hydration do not satisfy hunger or thirst in the way that we normally think of eating and drinking. Many people at the end of life are no longer hungry or thirsty and may begin to refuse food as they enter the last phases of their illness.

What are the risks?
In some cases, the fluids that are put into the body can increase pain and discomfort. This is true in people whose organs are "shutting down" as part of the dying process and when fluids increase pressure on tumors, causing pain, or on the lungs, causing shortness of breath. There can be a risk of fluids spilling over into the lungs, increasing the risk of pneumonia.

How can I decide?
If you or your loved one has a life-limiting illness, talk to your doctor about the benefits and risks of artificial nutrition and hydration, specifically for you. If you do not have an illness, think about whether you would want to be kept alive with these treatments after a sudden illness or injury resulting in a permanent loss of awareness of yourself or your surroundings.

When someone has a terminal illness, death is not caused by withholding these treatments, but by the underlying illness. Some people choose not to have these treatments, some choose to try them to see if they help, and some want to use them on a long-term basis. The choice is yours. Write your wishes on an Advance Directive, and choose a healthcare agent who understands your choices and is willing to honor them. Most importantly, talk about it with the people who are closest to you.

Help your medical care providers honor your own choices by discussing this information with your own physician. For guidance on writing an advance directive or creating other documents to communicate your choices, contact your physician or Riverside Care Navigation: Riverside Care Navigation 757-856-7030