

Life Support Decisions Information About Your Choices

A Resource Booklet for Patients
and their Families



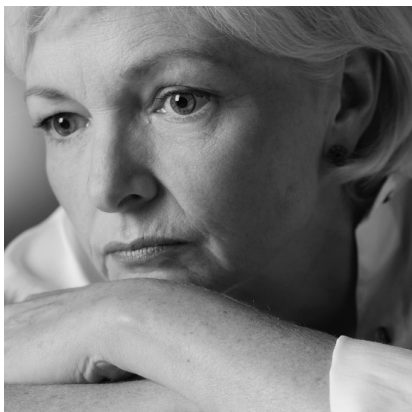
Help for a Difficult Time

Patients facing serious illness need excellent medical care, emotional support and clear information to participate in and make informed decisions about their care. The families of patients also need information and support as they participate in the care of their loved ones.

To help with these needs, those of us at Good Samaritan Hospital offer the following information about life support measures and end-of-life care. Making decisions regarding these issues is always difficult. However, having some knowledge of the issues involved does help. That knowledge also helps make possible decisions that are right for the individual and their loved ones.



Understanding Life-Sustaining Treatment and Support



When a crucial part of the body is not working properly, life support can replace or support that body part and its function. Hopefully, life support can be used for a short time until the body is able to heal and function normally. However, when a cure is not possible, life support can, at times, extend suffering.

A medical treatment is helpful if it eases suffering and improves quality of life. However, the same treatment

can be considered harmful if it causes pain or prolongs dying without providing any benefit. It is important to know that if a patient or their family decides not to use a particular treatment other aspects of the patient's care still continue. Other forms of care may also be started.

The choice to use or not use life support is deeply personal. It is important to talk to your doctor about the risks and benefits of all possible treatments. Whatever you decide, we are dedicated to honoring your wishes.

Life Support Terms

Do Not Resuscitate (DNR) Order

A DNR is an order written by a doctor that tells the healthcare team not to use cardiopulmonary resuscitation (CPR) if a patient's heart stops beating and/or they quit breathing. A person with a valid DNR order will not be given CPR if these things happen. In the State of Ohio, there are two types of DNR orders – a *Do Not Resuscitate-Comfort Care Arrest Order* and a *Do Not Resuscitate-Comfort Care Order*.

Do Not Resuscitate-Comfort Care Arrest Order (DNR-CC Arrest)

A DNR-CC Arrest order says that comfort care is to be used if a patient's heart stops beating and/or they quit breathing. A DNR-CC Arrest order

does not mean “do not treat.” If a cure is not possible, you and your doctor may decide that CPR is not the right choice for you. However, you can say “no” to CPR, and “yes” to other treatments.

Do Not Resuscitate-Comfort Care Order (DNR-CC)

A DNR-CC order says that comfort care is to be the focus of a patient’s care. Comfort care addresses the physical, emotional and spiritual needs of the patient. The goal is to control pain, relieve suffering and help the patient be as independent as possible. Pain and discomfort can always be treated and minimized.



Initiating a Do Not Resuscitate (DNR) Order

A person’s physician can provide information and insight regarding the medical appropriateness of not using CPR and other advanced life support measures given their specific medical situation. Following this discussion, if a person decides that they do not want CPR or other advanced life support measures, their physician can write the appropriate DNR order.

Common Life Support Measures

Cardiopulmonary resuscitation and advanced cardiac life support (CPR/ACLS) are a group of treatments used when a person’s heart and/or breathing stops. CPR is used to try to reestablish a heartbeat and breathing. CPR may consist of artificial breathing and/or pressing on the chest. Electric shocks (defibrillation) and drugs can also be used to help restart the heart.

Defibrillation

Defibrillation is when a powerful electrical shock is sent through the heart to try to restore the proper beating of the heart. It is used when the heart stops beating or is beating irregularly.

If the heart’s electrical system fails or the heart is so damaged that it does

not have enough working muscle to pump blood through the body, defibrillation will not restart the heart.

If you do not wish to receive CPR, your physician must write a “Do Not Resuscitate” (DNR) order on your chart. A DNR order can be changed any time and for any reason.

Vasopressors

Vasopressors are powerful drugs that cause blood vessels to get smaller and tighter and make blood pressure go up. These drugs are only given in the Intensive Care Unit or, in some cases, on the Palliative Care Unit.

Artificial Nutrition and Hydration

When a person cannot eat normally or tolerate regular food, he or she may be given fluids and nutrition through a feeding tube.

Usually a feeding tube is put into the stomach through the nose (nasogastric or “NG” tube). A feeding tube can also be inserted surgically through the wall of the stomach (gastrostomy tube or “PEG”). A third type of feeding tube is inserted surgically through the abdominal wall into the small intestine (jejunostomy tube).

Intravenous Feeding

Intravenous (IV) feedings are given to patients who are unable to tolerate tube feedings. Similar to tube feedings, IV feedings have protein, carbohydrates, fats, vitamins and minerals to meet the body's needs.

Some patients only need artificial nutrition and hydration for a short time until they can eat and drink on their own. Others may always need it.

Although these treatments can be valuable and life saving in many situations, they do not necessarily provide comfort care for dying patients. There are studies showing that death without artificial nutrition and hydration may cause *less* suffering.



Mechanical Ventilation

Mechanical ventilation supports or replaces the function of the lungs by breathing for a patient. A tube is placed through the nose or mouth down into the windpipe (trachea). A machine called a ventilator (or respirator) is attached to this tube and forces air into the lungs.

Mechanical ventilation may be used for a short time (e.g., treating pneumonia), or it may be needed for the rest of a person's life if they have permanent lung disease or brain damage.

Some patients on long-term mechanical ventilation have a quality of life that is acceptable to them. For others, mechanical ventilation only makes the dying process last longer.



Dialysis

The kidneys remove waste products from the blood. When the kidneys fail, dialysis is used to rid the body of toxins and manage fluid levels.

Dialysis requires that a small, flexible plastic tube called a catheter be placed into a large vein above the heart. During dialysis, blood circulates through the catheter to the dialysis machine where it is filtered and then returned to the body.

Some patients live on dialysis for years. But for people who have been seriously ill or dying for an extended period of time, dialysis may only prolong the dying process.

Pacemakers

A pacemaker is a small, electronic device used to stimulate the heart and keep it beating in normal rhythm. The heart may be paced for a short time until healing occurs. If a permanent pacemaker is needed, surgery will be required.

Palliative Care and Hospice Care

Palliative care focuses on pain and symptom management for patients with advanced illness. The goal of palliative care is to prevent and relieve suffering while improving the overall quality of life for patients and their families.

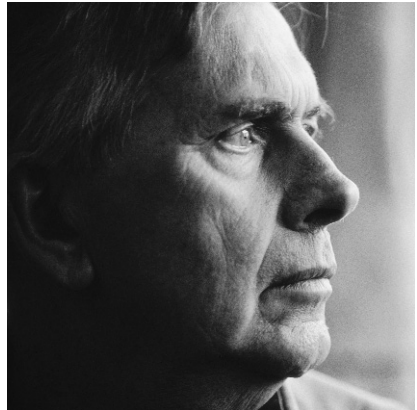
Palliative care is provided by an interdisciplinary palliative care team consisting of palliative care physicians, a palliative care nurse coordinator, hospital nurses, pharmacists, social workers, chaplains and other specially trained staff.

Palliative care focuses on the whole person and their physical, emotional, social and spiritual needs. Attention is also given to caring for the needs of the patient's family.

Palliative care can be provided along with other forms of medical treatment.

Hospice care also focuses on comfort and quality of life for the patient. Hospice offers its services wherever a patient lives, including private homes, assisted living facilities and nursing homes. Hospice also has a care center for patients who need a higher level of care for acute pain and symptom management.

Hospice care is provided by a specially trained team that includes doctors, nurses, social workers, chaplains and bereavement counselors. This team works with families to manage the physical needs of the patient and offers emotional and spiritual support.



Making Choices

The choices you make about life support are personal ones. Discuss your wishes with your family and physician. In the State of Ohio, there are two



documents you can complete to help ensure that your wishes for healthcare are followed if you are unable to speak for yourself – an *Ohio Health Care Power of Attorney* and an *Ohio Living Will*. A person may complete one or both of these documents.

What is a Health Care Power of Attorney?

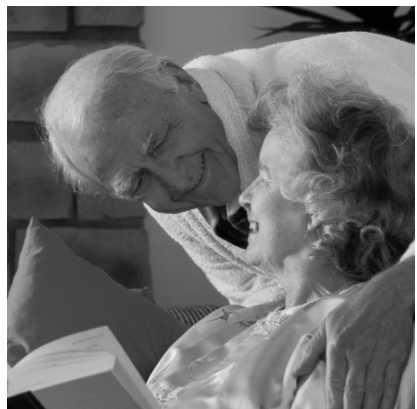
A Health Care Power of Attorney is a simple legal document that allows you to appoint a person, also called your attorney-in-fact or surrogate, to make healthcare decisions for you if you become unable to make those decisions for yourself.

A Health Care Power of Attorney lets everyone know who you want to make healthcare decisions for you if you cannot make them yourself. A Health Care Power of Attorney enables someone you trust to act on your behalf when you are not able to act for yourself.

Why Should I Have a Health Care Power of Attorney?

You have the right to accept or refuse any medical care. You also have the right to choose someone to make medical decisions for you if you are unable to make them for yourself. A Health Care Power of Attorney helps protect your rights.

If you are not able to make decisions about your healthcare because of an accident or illness, an attorney-in-fact/surrogate that you have appointed can help your doctors and healthcare team understand and follow your wishes.



Who Can Be My Attorney-In-Fact/Surrogate?

Choose someone you trust to be your attorney-in-fact/surrogate. It should be someone who understands your values and beliefs and will carry out your wishes. Your attorney-in-fact/surrogate will make decisions about your healthcare *only* when you are unable to do so for yourself. Your attorney-in-fact/surrogate cannot act for you unless your doctor determines and documents in writing that you are unable to make your own healthcare decisions.

What is a Living Will?

In addition to being able to complete a Health Care Power of Attorney, you also have the right to complete a Living Will. A Living Will is a legal document that states your wishes about medical treatment if you become terminally ill or permanently unconscious and are no longer able to speak for yourself.

Why Would I Have a Living Will?

You have the right to direct your own medical care and have your wishes followed. A Living Will allows you to say what type of care you do or don't want if you become terminally ill or permanently unconscious and can't speak for yourself.

When Should I Fill Out a Health Care Power of Attorney and/or Living Will?

Injury and illness can strike at any age. Therefore, it is best to complete these documents when you feel well and have had the opportunity to discuss your wishes with your loved ones and doctors.

Can I Fill Them Out Now?

Good Samaritan Hospital can help you learn more about Health Care Powers of Attorney and Living Wills. If you would like to learn more about these documents or would like copies of the forms, ask your nurse or doctor or call Customer Service at extension 1000. In the State of Ohio, you do not need an attorney to complete a Health Care Power of Attorney or Living Will.



Some Final Thoughts

Those of us at Good Samaritan Hospital want you to participate as fully as possible in making your own medical decisions. Talking with family members, your physician, and other members of your healthcare team about



the issues raised in this booklet and the types of care that you do or don't want is crucial if this is to happen. Completing an Ohio Health Care Power of Attorney and/or Living Will can also help make sure that your wishes are followed.

At Good Samaritan Hospital we are dedicated to making certain that you receive the best of care and that your wishes are honored. After reviewing this booklet, you may have additional questions or concerns.

Please be sure to discuss any such questions or concerns with those of us involved in your care. We want you to have the information that you need to make the choices that are right for you.

Other Resources

Websites

Ohio Hospice & Palliative Care Organization

www.ohpco.org

The Ohio Hospice & Palliative Care Organization's website makes available an informational packet entitled "Choices: Living Well at the End of Life" that provides information about Ohio's Health Care Power of Attorney and Living Will forms. This packet which can be downloaded and printed contains copies of Ohio's Health Care Power of Attorney and Living Will forms that may be completed. It also provides information about Do Not Resuscitate (DNR) Orders and organ and tissue donation options.

You can also get a copy of this informational packet from the Ohio Hospice & Palliative Care Organization by mail for \$3. Mail a check for \$3 per packet to: OHPKO, 555 Metro Place North, Suite 650, Dublin, Ohio 43017-1375.

Society of Critical Care Medicine

www.icu-usa.com

This is the official patient and family website of the Society of Critical Care Medicine. Click on “ICU Medical Information” to view easy to understand information on common medical conditions, procedures, equipment, supplies, X-rays & scans, laboratory tests, and medical terms.

Caring Connections

www.caringinfo.org

Caring Connections is a program of the National Hospice and Palliative Care Organization that provides information about end-of-life issues, advance care planning, advance directives, life-sustaining treatment, and caregiving concerns.



Books

Handbook for Mortals: Guidance for People Facing Serious Illness

by Joanne Lynn, Joan Harrold, and The Center to Improve the Care of the Dying. New York: Oxford University Press, 1999.

When You Know You're Dying: 12 Thoughts to Guide You Through the Days Ahead

by James E. Miller. Fort Wayne, Indiana: Willowgreen Publishing, 1997.



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