

End-of-Life Decisions: Clinical Issues

What are life-sustaining treatments?

Life-sustaining treatments are specific medical procedures that support the body to keep a person alive when the body is not able to function on its own. Making the decision to have life-sustaining treatments or not can be a difficult decision depending on your situation.

You might want to accept life-sustaining treatments if they will definitely help to restore normal functions and improve your condition. However, if you are faced with a serious life-limiting condition, you may not want to prolong your life with life-sustaining treatment, but instead you may want to focus on the quality of your life. The most common end-of-life medical decisions that you, family members or an appointed health care agent must make involve:

- ◆ Cardiopulmonary Resuscitation (CPR)
- ◆ Do Not Resuscitate Order (DNR)
- ◆ Do Not Intubate Order (DNI)
- ◆ Artificial Nutrition and Hydration

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What is cardiopulmonary resuscitation (CPR)?

Cardiopulmonary resuscitation (CPR) is a group of procedures used when your heart stops (cardiac arrest) or breathing stops (respiratory arrest). For cardiac arrest the treatment may include chest compressions, electrical stimulation or use of medication to support or restore the heart's ability to function. For respiratory arrest the treatment may include insertion of a tube through your mouth or nose into the trachea (wind pipe that connects the throat to the lungs) to artificially support or restore your breathing function. The tube placed in your body is connected to a mechanical ventilator.

Why would I refuse CPR?

The success of CPR is extremely low in very ill persons. Cardiac arrest may be a signal of the final phase of a disease when the vital body functions are shutting down just before death. The natural dying process might be interrupted and prolonged with the application of CPR, but the side effects of CPR may produce additional problems such as broken bones from the chest compression, brain damage or dependency on a ventilator from lack of oxygen. That is why it is very important to think about this in advance of being in a situation where CPR might be done as an automatic response to cardiac or respiratory arrest.

What is a Do Not Resuscitate (DNR) order?

A Do Not Resuscitate (DNR) order is a written physician's order that prevents the health care team from initiating CPR. The physician writes and signs a DNR at your request or at the request of your family or appointed health care agent if you express in your living will that you do not want to receive CPR in the event of cardiac or respiratory arrest. The DNR order must be signed by a doctor otherwise it cannot be honored. DNR orders:

- ◆ Can be canceled at any time by letting the doctor who signed the DNR know that you have changed your decision.
- ◆ Remain in effect if you transfer from one health care facility to another. However, consult the arrival facility's policy to make sure. Also, the DNR may not be honored if you are discharged from the facility to your home if your state does not have an out-of-hospital DNR policy.
- ◆ May not be honored during surgery but this is something very important to discuss with your surgeon and anesthesiologist before surgery so your wishes are honored.
- ◆ Should be posted in the home if that is where you are being cared for.

If there is no DNR order, the health care team will respond to the emergency and perform CPR. The team will not have time to consult a living will, the family, the patient's health care agent or the patient's doctors if they are not present.

What is a Do-Not-Intubate (DNI) order?

When you request a DNR order, your physician may ask if you also wish to have a “do-not-intubate” order. Intubation is the placement of a tube into the nose or mouth in order to have it enter your windpipe (trachea) to help you breathe when you cannot breathe adequately yourself. Intubation might prevent a heart attack or respiratory arrest.

Refusal of intubation does not mean refusal of other techniques of resuscitation. If you do not want mechanical ventilation (breathing), you must discuss intubation because it may be included as part of a DNR order. Even if you have completed a DNR order that does not mean that you have refused to be intubated. If you do not want life mechanically sustained, you must discuss your decision about intubation with your doctor.

What is artificial nutrition and hydration?

Artificial nutrition and hydration are treatments that allow a person to receive nutrition (food) and hydration (fluid) when they are no longer able to take them by mouth. This treatment can be given to a person who cannot eat or drink enough to sustain life. When someone with a serious or life-limiting illness is no longer able to eat or drink, it usually means that the body is beginning to stop functioning as a result of the illness. Here is a list of the most common forms of artificial nutrition and hydration:

Intravenous fluids (IV Fluids): a chemically balanced mix of nutrients and fluids given to a person using an intravenous catheter (a tube and needle that is placed into a vein in the body);

Nasogastric tube: flexible plastic tube placed directly through the nose into the stomach by way of the esophagus;

Gastrostomy: making a small incision through the abdomen and placing a flexible plastic tube (PEG Tube) into the stomach.

Some of the most common side effects involving artificial nutrition include:

- ◆ Damage to the inside of the nose, esophagus, stomach or intestine
- ◆ Infections on the skin or in the stomach or intestines
- ◆ Electrolyte (important chemicals in the bloodstream) imbalances in the body due to fluid overload
- ◆ Nausea and diarrhea
- ◆ Bloating, cramping, or vomiting
- ◆ Cough or pneumonia

Cuidando con Cariño, Compassionate Care HelpLine: 877-658-8896

If you have questions or would like to request additional information on end-of-life decisions please contact the resources listed below.

Resources

- ◆ **Cuidando con Cariño, Compassionate Care HelpLine**
877-658-8896
www.hispanichealth.org
cuidando@hispanichealth.org
- ◆ **National Hospice and Palliative Care Organization HelpLine**
800-658-8898
www.caringinfo.org
caringinfo@nhpco.org
- ◆ **Su Familia: The National Hispanic Family Health Helpline**
866-783-2645
www.hispanichealth.org
sufamilia@hispanichealth.org
- ◆ **StopPain.org**
Department of Pain Medicine and Palliative Care
www.stoppain.org (click on “Palliative Care” at the bottom of the page)

