

What about assisted suicide?

With the legalization of physician-assisted suicide in some states, it is really essential to choose physicians, health care providers, hospitals, nursing homes, assisted living facilities and hospices that you can trust with your life, or the lives of your loved ones.

Be sure to ask if your health care provider and institution supports or practices the intentional hastening of death by assisted suicide. Giving vulnerable patients lethal drug overdoses, instead of the support and treatment they need, is not compassionate care.

Caregivers must become tireless advocates for the vulnerable.

In Conclusion

In this present climate, the dignity of human life has all too often been reduced to more pragmatic evaluations of costs, risks and benefits. Caregivers must become tireless advocates for the vulnerable. They must be unafraid to ask questions and, if necessary, be aggressive in protecting the rights of those in their care. We must work together to protect frail loved ones from being left alone to face illness, aging, and death.



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True Compassion Advocates

A Simple Guide for Medical Care and Decision-Making



“Making good medical decisions can be quite a challenge. It can even be tough to figure out which questions to ask, much less what to do next. This brochure was invaluable in helping me care for my mother...” Lydia

True Compassion Advocates offers life-affirming resources and positive alternatives to assisted suicide. For more information:

www.truecompassionadvocates.org

Medical Decision-Making

Making medical decisions can be confusing, even overwhelming. This brochure is designed to provide seriously ill persons, and their caregivers, with basic information for deciding the best course of action to take. Included are helpful questions to assist in navigating the complexities of medical care decision-making.

Choose A Health Care Advocate

Now more than ever, it is essential for patients to have a compassionate and pro-active advocate. One's primary physician no longer follows and oversees a patient's health care questions, no matter where he or she is treated. This means that the treating physician may be unfamiliar with the patient who is under his or her care. So it is vital that patients have a family member, friend, or chosen representative, making care decisions if the patient is unable to do so.

To prevent a decision-making crisis, it is best to have a “Power of Attorney for Health Care” document drawn up **before** a health-related emergency occurs. This allows you to choose someone you know and trust to speak for you, someone who will respect your wishes, and ask questions in determining the best treatment options.

With a Durable Power of Attorney, and knowledge of the patient's history and preferences, the patient's representative, helps in treatment decisions. This “attorney in fact” becomes the legal “voice” of the person silenced because of illness or disability.

Check out your state's requirements for Durable Power of Attorney for Health Care (DPOA-HC). The form isn't hard to fill out, but may need to be notarized.

In the case of serious or chronic illness, the patient, family, and physician should have copies of these completed forms: Durable Power of Attorney for Health Care, and

Physician Orders for Life-Sustaining Treatment (POLST) concerning the issue of whether or not to resuscitate a patient. The POLST form is a requirement in some states so emergency medical techs (EMTs) know the wishes of the patient being treated.

Topics of Discussion That May Arise

The following issues will typically arise in discussing health care choices:

- The use of IVs or feeding tubes for delivery of food and fluids;
- Pain management;
- Resuscitation orders in case of heart or respiratory failure;
- Using a ventilator to assist breathing;
- Surgery;
- Chemotherapy for cancer treatment;
- Discharging a patient to a nursing facility, home care, or hospice.

How to Judge the Best Course of Action

Determining whether the patient will be helped is the primary concern. If a situation or outcome is unclear, treatment may be recommended on a trial basis to determine its effectiveness.

Some treatments involving risks go beyond normal care, making them potentially more detrimental than helpful. In such cases, keeping the person as comfortable as possible, without the use of risky surgery or drug regimens, might be the best course of action.

This includes keeping the patient warm, clean, as pain-free as possible, and providing breathing assistance through oxygen given by nasal tube. It also includes food and fluids administered by mouth, feeding tube, or IV—if, and only if, they are tolerated by the patient without causing further complications.

Every person is worthy of our respect, no matter the stage, condition, or circumstances of that life. The seriously ill, disabled, or dying person deserves treatment and care as long as it brings him or her comfort. Any treatment which causes additional pain and suffering, while providing no hope of improvement or relief, should be avoided.

In An Emergency

In an emergency, patients will automatically be resuscitated in cases of heart or respiratory failure, unless instructed otherwise by the POLST and/or Power of Attorney form.

They will be placed on a ventilator, IV, and medications—depending on the extent or seriousness of their illness or injury—stabilizing them until a further course of action is decided. A physician should then explain the long-range health outlook and treatment options.

Some useful questions to ask:

- Is the patient’s condition stable or not?
- How are his/her vital signs?
- Are major organs functioning well or not?
- Is the overall health outlook for the patient positive after treatment ? If so, what steps need to be taken?
- Is death imminent, with little or no hope of improvement? What happens next?

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If it appears that major organs are failing and the patient’s life is ebbing away, with little or no hope of improvement, comfort care is usually the best course to follow.

With input from the patient, family, and medical staff, decisions will be made about medical treatment, home care, or hospice care. Don’t be rushed. Take the time you need to ask good questions and make informed decisions. Get a second opinion, if necessary.

What Is Hospice Care?

For persons who have a terminal disease, with a life-expectancy of six months or less, hospice may be suggested.

Hospice provides expertise in comfort care, pain control, the alleviation of suffering, and support for the patient and family members. Hospice services are covered by Medicare, Medicaid, and most insurance, and can occur at home, in a hospital, nursing home, or assisted living facility.

Do Not Resuscitate Orders

Resuscitation (CPR) is performed to revive someone who has experienced respiratory or cardiac failure. For many, it is a second chance for life and essential for further treatment and recovery. Although healthy people, or those not seriously ill, should generally choose to be resuscitated, there are some circumstances where this may not be advisable.

If a person is seriously ill, medically fragile, has a terminal disease, or is already close to death, CPR may cause additional health complications, while not offering hope of recovery. The process of getting the heart and respiration started may cause additional problems for some patients.

For instance, pumping the rib cage of a very ill elderly patient could cause rib fractures, lung punctures, or other complications. If the brain has been without oxygen, additional difficulties may arise.

The question of resuscitation is usually brought up when a patient is first admitted to a hospital or nursing home. This decision can be adjusted as the patient’s condition changes. If there is a question on the appropriateness of a “Full Code” or “Do Not Resuscitate” order, ask to speak to the attending physician.

Managing Pain

Managing pain is another issue which causes confusion in trying to decide how much, or how little, pain medication should be administered.

In hospitals and nursing homes, every patient’s pain must be measured regularly, just as other vital signs are monitored, and proper pain relief be provided. Pain, in most cases, can be well controlled; although difficult cases may require a pain control specialist.

Not giving adequate medication to control pain may not only hinder healing, but could even hasten death.

Be persistent in asking that pain be responded to promptly and adequately. (Sometimes it’s best to place pain medication on a schedule to prevent pain elevation.)

In fact, not giving adequate medication to control pain may not only hinder healing, but could even hasten death. Increasing the dosage gradually to meet increased pain shouldn’t be a cause for concern. If patients die while under sedation, they may have already been close to death.

Breathing Assistance

Use of oxygen by nasal tube or mask can assist patients who are having difficulty breathing, lessening the effort required to breathe.

Ventilators assist breathing following surgery, or in order to stabilize patients following serious injury or health emergency. They can be removed if they are no longer needed, or no longer helpful to the patient.

Food and Fluids

Whether healthy or ill, no one can survive long without food

and fluids. Nutrition and hydration are a part of normal human care and a natural way of preserving life. This remains true whether they are provided by feeding tube, IV, spoon, cup, or glass.

Depending on the medical circumstances, however, a person may no longer be able to assimilate solids or liquids. Discerning whether nutrition and hydration are tolerated by the patient and helpful, is the key issue.

Sometimes it is not immediately obvious whether putting a patient on a feeding tube or IV will be tolerated. As death nears, bodily functions begin to slow down, and the appetite wanes.

Adding food or fluids may cause great discomfort, such as gas and bloating in the abdomen, regurgitation and vomiting, possible aspiration of food or liquids into the lungs, or diarrhea.

If a person suffers from congestive heart problems or circulation difficulties, adding liquid to an already overburdened system can increase a build-up of fluids around the heart and lungs, leading to breathing difficulties and heart failure.

All of these issues must be taken into consideration. Be sure to ask the doctor about the overall prognosis of the patient, and whether food and fluids will benefit the person at this point, and be assimilated, without worse complications.

If the person can no longer take in food or fluids, then comfort care, including keeping the patient’s mouth clean and moist, may be the best treatment at this point.