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“no code”. Individuals can also sign a DNR advance directive requesting that resuscitation not be attempted when the heart and/or breathing stop.

Despite what may be portrayed on television, CPR is only successful in providing a long term benefit a small percentage of times. A patient already dealing with other life-threatening illnesses must seriously consider whether to have this procedure if his/her heart stops beating. Pain and great discomfort can result from all of the procedures (ethically known as **burden**). The pressure applied to the chest can even break ribs.

Stopping Life-Sustaining Treatment

As stated earlier, it can be difficult to decide whether treatments are life-sustaining or death-prolonging. Each patient and/or family will need to make this decision depending on many different circumstances. Medical ethics describes this process in terms of weighing the “**benefits**” and the “**burdens**” involved in every medical treatment. The health care team can help with this decision.

Make the Decision Yours

Every patient has a right to make a decision about desired treatments or withdrawal of treatments for herself/himself before a crisis occurs. To protect this right, people need to make their wishes known. This can be done through conversations with persons who would be involved in care. Also, a Durable Power of Attorney for Healthcare should be completed. This document names an agent to speak when the person is no longer able to communicate or make decisions. Medical providers and lawyers can supply a copy of this document. It is also available from Wichita Medical Research & Education Foundation.



We thank Kansas Health Ethics, Inc. (now closed) for their efforts in the development of this and other documents. For more information about obtaining copies of this document contact

Wichita Medical Research & Education Foundation
316-686-7172

or

tcarter@wichitamedicalresearch.org

www.wichitamedicalresearch.org

The mission of WMREF is to promote research, education and community efforts designed to improve the health of Kansans.

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Document #170 Life-Sustaining Treatments

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Life-Sustaining Treatments



What are life-sustaining treatments?

In the past, when our bodies were unable to take care of basic needs (air, food, water, heart and kidney function, etc.) death would result. The more basic the need (for example, air), the more quickly death occurred.

Today, medical technology has made treatments available to supply these basic needs. These have come to be known as “life-sustaining” or “life-support” treatments. In cases where the body has been seriously affected by injury or disease these treatments have also been called “death prolonging”.

It can be hard to determine when these treatments are “life-sustaining” and when they are “death-prolonging”. This brochure can help you sort out the questions involved in coming to a good decision.

Common Life-Sustaining Treatments

Antibiotics

Until the use of penicillin in the early 1940's serious infections such as pneumonia could not be treated. They often resulted in death. Today pneumonia can be treated. Should that always be done? The answer to that question depends on each situation. The case of an individual with cancer which has spread throughout the body (metastasized) is different from that of a person suffering from no other illness.

Respirator (Breathing Machine)

The body's most basic need is oxygen. Without oxygen death occurs within a few minutes. In the past, not being able to breathe because of injury or disease could not be treated. Today, medicine has the technology available to provide this basic need. The machine used for this is called a respirator or ventilator. A tube placed down the windpipe supplies air to the lungs. This tube makes it impossible for the patient to talk. Another tube is used to remove fluids from the lungs.

When this technology is used to buy time for the patient to recover, it has great value (ethically known as **benefit**). As is the case with other medical technology, when it only delays the dying process there is little to be gained with its use (ethically known as **burden**). It is not a comfort measure for the patient.

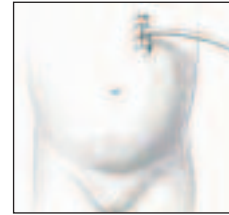
Medically Assisted Nutrition and Hydration (Food and Water)

Without food and water the human body cannot long survive. In the recent past the inability to swallow soon resulted in death. A wide range of medical treatments are now available to supply these basic needs when a patient can no longer eat and drink.

These treatments are used to assist in giving the patient food and water. There are two general types of technology used:

1. Peripheral: This method is commonly referred to as IVs. A tube attached to a needle is placed in one of the patient's blood vessels. Through this tube the patient can be given medicine, food, and water.

2. Enteral: In this category a tube is inserted directly into the digestive system. This can be either into the stomach or small intestine. These devices are often referred to as feeding tubes.



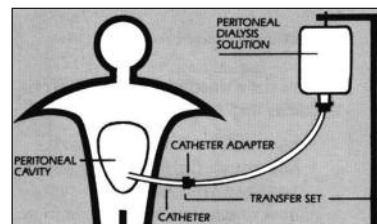
Understanding the way these medical devices work can be challenging. Medical professionals can explain in more detail the benefits and risks of the various technologies available.

What is more difficult is deciding when to use these treatments. Some people who may give you information about these technologies are:

- The patient's physician and/or nurse
- A clergyperson

Dialysis

The kidneys remove waste products (called toxins) from the blood. When the kidneys



fail to function (renal failure) the patient becomes poisoned with these products and will die. Doctors can use technology to replace the body's kidney function. This is known as dialysis. Two kinds of dialysis are done using needles and tubing (IVs):

1. Peritoneal: A complex solution is put into the body's abdomen through a permanently placed

tube. This fluid absorbs the waste products from the blood vessels found in the lining (called the peritoneum) of the abdomen. The fluid is then flushed out.

2. Hemodialysis: This procedure removes the blood from the body and runs it through a machine. The machine removes the toxins and returns the cleaned blood to the body. This is done through large needles and tubing (IVs).

Each dialysis treatment takes 2-3 hours. Hemodialysis is done at a treatment center two to three times a week or, in some cases, every day. Peritoneal dialysis does not have to be done at a dialysis center.

These treatments are not without risk. Once again, coming to a decision about starting or continuing these treatments is difficult. Getting guidance from a professional may be helpful.

Cardiopulmonary Resuscitation (CPR)

Human life requires oxygen. This is provided to our bodies through the function of our lungs and heart.

When a person is not breathing, oxygen can be forced into the lungs. This can be done by mouth-to-mouth breathing or by mechanical means.

When a heart stops, it can be started by pushing down on the chest, using drugs to revive the heart (given directly into the heart through a long needle), and using paddles which supply shocks to the chest.

When the efforts to restart the heart and breathing are combined, the procedure is known as CPR. CPR can be given in a variety of settings, and many people have been trained to do this procedure. When CPR works it saves lives (ethically known as **benefit**).

If someone's heart stops in the hospital setting, CPR will automatically be tried unless there are specific physician orders to the contrary. These orders are known as do not resuscitate (DNR) or

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