

Being Supportive

End of life decisions are difficult. They cannot be made alone and should involve all members of the immediate family. It is important to make these decisions in terms of the whole person—physical, intellectual, and spiritual.

Questions to ask yourself:

- Does the patient have an advanced directive, living will or a health care surrogate? If so, you must give a copy to all of the patient's health care providers.
- Has the patient ever expressed his/her wishes regarding the proposed treatment?

Issues to discuss with doctors and medical staff:

- What are your questions and concerns?
- What do you want to know about comfort measures and pain relief?

Your Decisions

Full Resuscitation

All life-saving measures will be implemented at the time of cessation of heartbeat or breathing.

Allow Natural Death

If the patient should not suffer cardiac or respiratory arrest the patient will NOT be resuscitated. All current therapies will be continued, including but not limited to, alleviating suffering and maximizing the comfort and dignity of the patient.

Other Level of Support

A physician may order individual therapies such as those described in this brochure. Discuss the options available with a physician.

There may come a time when you will need to make medical decisions for yourself or a loved one about withholding or withdrawing life-sustaining treatment. These decisions can be difficult and confusing. This brochure explains some of the types of treatments that you or your loved one may need. You should thoroughly discuss treatment options and concerns with your doctor.



Jewish Hospital

200 Abraham Flexner Way
(502) 587-4011

Jewish Hospital Shelbyville

727 Hospital Drive
(502) 647-4000

Sts. Mary & Elizabeth Hospital

1850 Bluegrass Avenue
(502) 361-6000

www.jhsmh.org

Developed by the Jewish Hospital Ethics Committee



Making Difficult Decisions

Guidelines to Life-Sustaining Choices





Resuscitation Measures

Compressions/ Cardiac Massage

What are we doing? Vigorous pressing on the chest and possible electrical stimulation to the heart.

Why are we doing it? To assist a patient in breathing.

When do we do it? When the heart and/or lungs stop working unexpectedly.

What happens if we don't do it? Loss of consciousness followed by death in five to 10 minutes.

Benefits: May restart the heart if initiated within five minutes of cardiac or respiratory arrest.

Things to think about: For patients with advanced or terminal disease:

- There may be no long-term benefit to resuscitation.
- Compressions could result in a sore chest, broken ribs, and/or collapsed lung(s).

Intubation

What are we doing? A tube is placed either through the nose or mouth, past the vocal chords and into the trachea (wind pipe).

Why are we doing it? Because the patient is having trouble breathing.

When do we do it? When the heart and/or lungs stop working, intubation provides an airway to deliver oxygen to the lungs.

What happens if we don't do it?

The patient may not be able to maintain an airway or breathe.

Benefits: Improvement in breathing status.

Things to think about: Most patients will need a ventilator (breathing machine) to assist breathing after they have a tube placed in the airway.

Mechanical Ventilation

What are we doing? A tube connected to a breathing machine is placed in the patient's mouth or nose.

Why are we doing it? To assist a patient in breathing.

When do we do it? When the patient needs help to breathe.

What if we don't do it? If patients are unable to breathe without the machine's assistance, they may die.

Benefits: The breathing machine prolongs life and may allow the body to recover from whatever caused the breathing to stop.

Things to think about:

- Patients may require sedation to keep them comfortable.
- Patients with advanced or terminal disease may become permanently dependent on the machine and unable to breathe without it.
- Also, restraints may be needed to prevent dislodging the tube.

Treating Heart Arrhythmias with Medication

What are we doing? Medications are administered intravenously, usually through a vein in the arm, neck, or chest.

Why are we doing it? Because the patient has developed an abnormal heartbeat that may be life-threatening.

When are we doing it? When there is an electrical disturbance in the heart causing an abnormal heartbeat that may be life-threatening.

What if we don't do it? A dangerous heart rhythm could result in death in five to 10 minutes.

Benefits: The heartbeat may return.

Things to think about: Other support devices (like a pacemaker) may be necessary for the treatment to be effective.

Treating Heart Arrhythmias with Defibrillation

What are we doing? An electric shock to the chest stuns the irregular heartbeat and encourages the heart to regain a normal rhythm.

Why are we doing it? Because there is an electrical disturbance in the heart causing an abnormal heartbeat that may be life-threatening.

When are we doing it? When there is an electrical disturbance in the heart causing an abnormal heartbeat that may be life-threatening.

What if we don't do it? There can be a loss of consciousness and death in five to 10 minutes.

Benefits: Shocking the heart is the only effective treatment for certain heart arrhythmias.

Things to think about: Other support devices, like pacemakers, may be necessary for the treatment to be effective.

Treating Blood Pressure with Fluids

What are we doing? Fluids are administered through a vein in the patient's arm, neck, or chest.

Why are we doing it? To treat blood pressure when it is so low that circulation to the heart and brain is in danger.

What if we don't do it? Death or organ failure could occur due to inadequate circulation.

Benefits: A temporary increase in blood pressure with improved blood flow to vital organs occurs when fluids are given.

Things to think about: Restraints may be needed to prevent dislodging the needles and tubing.

Treating Blood Pressure with Medication

What are we doing? A variety of medications are used to improve blood flow to vital organs. Medications may be used in conjunction with fluids to improve blood flow.

Why are we doing it? To treat blood pressure when it is so low that circulation to the heart and brain is in danger.

What if we don't do it? Death or organ failure could occur due to inadequate circulation.

Benefits: A temporary increase in blood pressure with improved blood flow to vital organs may occur when medication is given.

Things to think about: Restraints may be needed to prevent dislodging the needles and tubing.