

A wide-angle photograph of a vast, frozen lake in a mountainous region. The foreground is dominated by a flat, textured expanse of blue-tinged ice. In the middle ground, a range of dark, rugged mountains stretches across the horizon, their peaks and ridges covered in patches of snow. The sky above is a clear, deep blue with a few wispy white clouds near the top right. The overall scene is serene and majestic.

Making Sense of Medical Decisions

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Outline

- Why is this important?
- What is a Power of Attorney? Who should I ask to do that?
- What is a Living Will , or Advanced Directive?
- What is a comfort one?
- What does it mean to code someone?
- Review of the Alaska advanced care directive
- Options for you to add to the advanced care directive
- Questions
- More questions



First do no harm



What is a power of attorney?

Power of attorney

- Someone who speaks for you when you cannot speak for your self.
- You can have more than one
- You have the option to limit the power they have- Agent's authority
- POA can make all decisions about medications, treatments, health care providers or institutions. They make decisions about all end of life issues. They can agree or refuse organ donation

Power of Attorney

- Long definition of “best interest” in the paperwork.
- Benefit vs. harm
- When does the agent’s authority become effective- if you check the box, it is right away. Otherwise, it only occurs if you are unable to speak for yourself, whether through illness or mental decline (dementia, stroke, etc)
- Sometimes guardians are court ordered. The POA means that the person named is the person that should be used, if possible.

Talk to your power of attorney!

Make your wishes clear!

What is a living will?

What is an Advanced Directive?





What is a comfort one?

Codes

What are they?

Do they work?



End of Life Options

- Resuscitation
- Codes- chemical, electrical, CPR
- Intubation
- Fluids and nutrition
- Pain control
- Choosing not to give antibiotics for infections
- Choosing to stop chemotherapy in cancer treatment



The actual paperwork for Advance Health Care directive

How to understand it and fill it out.

If you are satisfied to allow your agent to determine what is best for you in making health care decisions, you do not need to fill out this part of the form. If you do fill out this part of the form, you may strike any wording you do not want. There is a state protocol that governs the use of do not resuscitate orders by physicians and other health care providers. You may obtain a copy of the protocol from the Alaska Department of Health and Social Services. A "do not resuscitate order" means a directive from a licensed physician that emergency cardiopulmonary resuscitation should not be administered to you.

(6) END-OF-LIFE DECISIONS. Except to the extent prohibited by law, I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below: (Check only one box.)

(A) Choice To Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards; OR

(B) Choice Not To Prolong Life

I want comfort care only and I do not want my life to be prolonged with medical treatment if, in the judgment of my physician, I have (check all choices that represent your wishes)

[] (i) a condition of permanent unconsciousness: a condition that, to a high degree of medical certainty, will last permanently without improvement; in which, to a high degree of medical certainty, thought, sensation, purposeful action, social interaction, and awareness of myself and the environment are absent; and for which, to a high degree of medical certainty, initiating or continuing life-sustaining procedures for me, in light of my medical outcome, will provide only minimal medical benefit for me; or

[] (ii) a terminal condition: an incurable or irreversible illness or injury that without the administration of life-sustaining procedures will result in my death in a short period of time, for which there is no reasonable prospect of cure or recovery, that imposes severe pain or otherwise imposes an inhumane burden on me, and for which, in light of my medical condition, initiating or continuing life-sustaining procedures will provide only minimal medical benefit;

(C) Artificial Nutrition and Hydration. If I am unable to safely take nutrition, fluids, or nutrition and fluids (check your choices or write your instructions), indefinitely;

I wish to receive artificial nutrition and hydration

I wish to receive artificial nutrition and hydration indefinitely, unless it clearly increases my suffering and is no longer in my best interest;

I wish to receive artificial nutrition and hydration on a limited trial basis to see if I can improve;

In accordance with my choices in (6)(B) above, I do not wish to receive artificial nutrition and hydration.

Other instructions: _____

(D) Relief from Pain.

I direct that adequate treatment be provided at all times for the sole purpose of the alleviation of pain or discomfort; or

I give these instructions: _____



Options, so you can be specific

If you want to have absolutely everything done, including full code, and kept alive as long as possible, then check off CHOICE TO PROLONG LIFE

If you want resuscitation attempted, and if you make it through but are brain injured and unlikely to survive and would not like to be kept alive in that situation- Specifically say: “Full Code, but if I have made no progress towards normal function within 3 days, stop all supportive measures, including...” Fill in those blanks. That can include artificial nutrition, respiratory support, IV fluids, antibiotics. Check off the NOT TO PROLONG LIFE option.

If you do not wish to go through a code at all- state “I do not want Resuscitation or Intubation. If I arrive at the Emergency Room being coded, stop the code.” Check the NOT TO PROLONG LIFE option.

If you have had a catastrophic event and you cannot eat, talk, move, etc (such as a stroke), and you want to be kept alive long term, state “I wish to prolong life and be kept alive as long as possible with IV fluids, nutrition (including a feeding tube, if needed), and antibiotic treatments for any infection”. Check the choice **TO PROLONG LIFE** option.

If, in the same situation, you would not want those things, and would like to be allowed to die naturally, then state “I wish to get comfort care, with adequate pain management and do not wish to have IV fluids, intubation, antibiotics or cardiovascular support such as pressors”. Check the **NOT TO PROLONG LIFE** option.

It is very reasonable to say- “If I am severely ill, I request that two physicians evaluate my situation, and if both agree that my prognosis is very poor, then withdraw all support, but continue pain control.” This takes the pressure off the POA or family members.

Finally, it is very reasonable (and so appropriate), in the NOT TO PROLONG LIFE category to simply state- “I wish to be allowed to die a natural death”



Questions