



## Decisions About End-of-Life Care

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# Decisions About End-of-Life Care

**M**any decisions have to be made when a person reaches the end of life. Some of the most important decisions about the end of life concern the type of medical care and the extent of that care that you would like to receive.




Planning ahead and discussing your desires with your family is important because you may be unable to make decisions yourself if you are incapacitated in some way, such as being unconscious. This guidance should be in the form of written

## WHAT IS PALLIATIVE CARE?

**Palliative care** is treatment that focuses on relieving or reducing symptoms of a disease, but does not cure the disease. Keeping the patient comfortable by treating symptoms and by using **analgesics** (pain-killing medications) to relieve pain is an important aspect of palliative care. Your doctor can work with you to make a plan to manage your symptoms, so that you get relief from the problems associated with those symptoms.

## REFUSING CERTAIN TYPES OF TREATMENT:

Some people choose not to receive certain types of treatment if they are near the end of life because they do not wish to prolong the dying process. Some of the life-sustaining procedures people choose to decline (which can be included in their advance directives) are:

-  • **Cardiopulmonary resuscitation (CPR)** – If a person's heart stops or if that person stops breathing and the person has not indicated he or she does not want CPR, health care professionals usually try to revive him or her using CPR. In most cases when people have a terminal illness this is not successful. (You do not need to have an advance directive to request a do-not-resuscitate order.)
-  • **Artificial breathing** – If your lungs stop working properly, your breathing can be continued using a machine called a **ventilator**. A ventilator is a device that pumps air into a person's lungs through a tube in the person's mouth or nose that goes down the throat. The machine breathes for a person when he or she cannot.
-  • **Artificial feeding** – There are various methods to feed people who can no longer eat, including inserting a tube into the stomach through a person's nose or through the abdominal wall to bring food and fluids directly to the stomach or by giving liquid nutrients through a catheter in the vein.

instructions so that your wishes are clear and can be legally honored. (See "Documenting Your Wishes" below.)

An article in the November 15, 2000, issue of *JAMA* discusses the results of a survey to evaluate patients' knowledge of some of the options (such as refusal and withdrawal of lifesaving treatments) for patients who are near death.

## DOCUMENTING YOUR WISHES:

It is helpful to have a **living will** (a document that states what limits you would like to place on the treatment you would receive at the end of life) and a **durable power of attorney for health care** (a document that states the person you have chosen to make medical decisions for you if you are unable to make them for yourself). These documents are often referred to as **advance directives**, because they give notice in advance of your health care wishes. It is important that you give these documents to your doctors, family members, and others who are close to you so that your wishes are known.

## WHAT IS HOSPICE CARE?

**Hospice care** is a type of care provided to a terminally ill patient. Hospice care focuses on enhancing the dying person's quality of life rather than trying to cure the terminal illness. Hospice care is usually provided in the home, but also can be provided in a hospital or nursing home.

## WHAT IS A HEALTH CARE PROXY?

A **proxy** is someone you choose (included in your durable-power-of-attorney-for-health-care document) or someone who is chosen for you (when you have not given previous instructions) to "stand in" for you to make medical decisions if you become unable to make decisions for yourself. This person should understand your wishes and, therefore, should be chosen by you before you can no longer make decisions.

## FOR MORE INFORMATION:

- American Academy of Family Physicians  
*Advance Directives and Do-Not-Resuscitate Orders*  
800/274-2237, extension 5103 or [familydoctor.org/handouts/003.html](http://familydoctor.org/handouts/003.html)
- National Cancer Institute  
Cancer Information Service  
800/4-CANCER  
800/332-8615 (TTY)  
or [www.cancernet.nci.nih.gov](http://www.cancernet.nci.nih.gov)

## INFORM YOURSELF:

To find this and previous *JAMA* Patient Pages, check out the AMA's Web site ([www.ama-assn.org/consumer.htm](http://www.ama-assn.org/consumer.htm)). A *JAMA* Patient Page on advance directives was published March 15, 2000. A *JAMA* Patient Page on pain management was published April 5, 2000.

Additional Sources: National Cancer Institute, American Academy of Family Physicians, *The AMA Complete Guide to Women's Health*, *The AMA Family Medical Guide*, *The AMA Encyclopedia of Medicine*

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