

Things to Know about Life-Sustaining Treatment

Contributed by Elizabeth Collins MD,
Medical Director of Palliative Care at Lahey Health

Life-sustaining treatment refers to medical treatments that are used to prolong life by supporting an essential body function, such as the heart beating, breathing or adequate nutrition, when that body function is not able to work on its own. Dr. Elizabeth Collins offers some general information on Cardiopulmonary Resuscitation (CPR), Artificial Ventilation/Breathing, and Artificial Nutrition. Talk with your doctor about your specific medical condition and the risks and benefits of life-sustaining treatment at your stage of health. Whether you choose life-sustaining treatments or not, you will be treated for symptoms and receive comfort care at the end of life.

Cardiopulmonary Resuscitation (CPR)

1. What is CPR?

- Cardiopulmonary resuscitation (CPR) is a medical treatment that is performed in an emergency situation on a person who has stopped breathing and has no heart beat. It is an attempt to restore blood circulation to save a person's life
- CPR involves a person or persons pressing on the chest, forcing breaths either mouth-to-mouth or mechanically with a breathing machine, and sometimes electric shock to restart the heart

2. When is it generally recommended?

- It may be indicated for any person who is expected to live a longer life who has suddenly stopped breathing and has no heart beat

3. When is it generally not recommended?

- It may not be indicated for weaker, older people with a chronic or terminal illness
- For this group there is about 3% chance that CPR will be successful, however patients may not recover to the same condition as before their heartbeat and breathing stopped
- Even if you are revived, complications may occur that require artificial ventilation to support your breathing, or that cause permanent conditions like not being conscious or unable to interact, think, or speak with others

4. What happens if a person decides not to have CPR?

- The heart beat and breathing will not be restarted but every measure will be taken to treat symptoms, provide comfort, and allow a natural death

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Artificial Ventilation/ Breathing

1. What is artificial ventilation?

- Artificial ventilation is an invasive treatment that does the work of breathing for a person who is critically ill and unable to breathe naturally. Oxygen is delivered through a tube inserted through the mouth and into the windpipe (intubate), and connected to a machine (ventilator) which performs the breathing function. This is an emergency treatment meant to help a person whose lungs are failing. It is a “rescue” intervention for short term use, requiring the person to be in an Intensive Care Unit, often sedated, and unable to speak.
- Non-invasive ventilation (e.g CPAP or BIPAP), is another treatment used for respiratory distress. Oxygen is forcefully delivered through a face mask into your lungs. It is a ‘rescue’ intervention for short term use. (Note: CPAP or Continuous Positive Airway Pressure is often used for sleep apnea which is not a form of life-sustaining treatment.)

2. When is it generally recommended?

- It may be indicated if you have had a serious accident or illness and ventilation is required to help you recover to where you can breathe on your own

3. When is it generally not recommended?

- It is generally not indicated if ventilation is necessary to merely prolong the natural dying process and is not being used as bridge to help a critical ill person breathe independently

4. What happens if a person decides not to have artificial ventilation?

- You can receive oxygen through your nose and any medications that would treat shortness of breath and other symptoms to keep you comfortable until a natural death occurs

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Artificial Nutrition

1. What is artificial nutrition?

- Artificial nutrition provides needed nutrition through a tube placed directly into the digestive tract (*Gastrostomy or G-tube*) or delivered intravenously (Parenteral) for certain people who cannot safely or comfortably eat naturally
- Intravenous fluids provide needed hydration, but do not provide nutrition and cannot sustain life when a person cannot eat naturally

2. When is it generally recommended?

- It may be indicated to supply adequate nutrition which allows a person to recover until he or she can eat by mouth, or to provide nutrition that is needed to live

3. When is it generally not recommended?

- It may not be indicated for a person who is near the natural end of life either from advanced disease (i.e. cancer or dementia), or whose quality of life would not benefit from receiving artificial nutrition
- It may not be indicated for a person at the end of life, where artificial nutrition would prolong dying and often not provide improvement of symptoms or quality of life

4. What happens if a person decides not to have artificial nutrition?

- Without artificial nutrition a person will be offered anything that provides comfort while allowing a natural death to occur