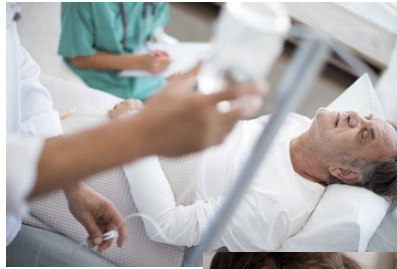


Living Your Best Life

End of Life Choices



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What You Need to Know

What Is Meant By End Of Life Care?

One of the things we help our clients with is advance care planning. End of Life Care, for the most part, is carrying out your loved one's wishes as they come to the end of their life's journey.

Making Difficult Decisions

If you have been appointed to be your loved one's agent through Medical Power of Attorney, you might have talked with your loved one about the decisions they will want you to make. Even so, these will probably be some of the most personal, emotional decisions of your life.

Even with excellent advance care planning, with all directives in place, you may have to face family and friends to defend your loved one's wishes. You may not even agree with them yourself.

You might even have to disagree with the medical staff. Although it's okay to consider their opinions, ultimately, you must do what you have been asked to do.

Remember that you are speaking for your loved one when they cannot speak for themselves.

Physician Aided Death

Is it Legal?

More states are starting to consider adopting Death with Dignity laws. States that allow it are:

- ♥ California
- ♥ Colorado
- ♥ Hawaii
- ♥ Maine
- ♥ New Jersey
- ♥ Oregon
- ♥ Vermont
- ♥ Washington
- ♥ And the District of Columbia

In these states, physician-assisted death can be carried out. It's important to note that where it is illegal, it is strictly forbidden. Even in states where it is legal, there are still certain requirements:

- ♥ You will need to get a certification from a physician of a prognosis of fewer than six months.
- ♥ You must be a resident of that state for a certain period
- ♥ You must have a psychological and physical evaluation to ensure you don't have an untreated disease or symptoms
- ♥ You will be strongly encouraged to enter hospice care
- ♥ You will have to make repeated requests over a set time frame, so you are not acting impulsively

Voluntarily Stopping Eating and Drinking (VSED)

What is VSED?

When a person is in the end-stage of illness and death is near, it is natural to have a decreased appetite and lose interest in taking in food and hydration. Eating and drinking may actually become difficult to do. For these reasons, it is usually deemed medically sound for a person to stop eating and drinking.

Should Nutrition and Hydration be Withheld?

The term “voluntary” is essential here. The patient must make a deliberate choice to refuse food and fluids. It is also important to note that this usually happens within the last two weeks of a person’s life, not earlier on in their illness.

A person can refuse to take in nutrition and hydration at any point and for any reason but should be encouraged to eat and drink unless they are in end-stage illness. It’s only medically sound to refuse food and drink at this point.

It’s Hard Not to Take It Personally

It’s hard to see your loved one in end stage illness. You may be trying to get them excited about special treats you’ve prepared for them. Losing interest in food is a natural part of the process. Forcing them to eat will not help, and is likely to cause emotional distress.

Total Sedation

When Can This Treatment Be Used?

Persons that are in an end-stage illness may be in so much pain that they ask to be knocked out until the end. There is a fine line of distinction here. Total sedation is allowed in most cases to relieve physical suffering. It cannot be used to treat existential suffering... emotional and spiritual agony, and feelings of despair and isolation.

When both physical and existential suffering is present, total sedation is usually allowed but must be considered carefully.

The Side Affect of Total Sedation

Although total sedation cannot be used to rush the process and shorten the time the person is in pain, this is a consequence of total sedation. It will hasten the dying process.

What Happens During the Total Sedation Process?

Total sedation is often called **terminal sedation** because a person is sedated to unconsciousness, which is maintained until natural death occurs.

You will not find total sedation used much in palliative care since many people see it as a form of active euthanasia.

Artificial Nutrition and Hydration (ANH)

The Case For ANH

There is a good reason that this topic features so prominently in your advance care directives. Many people, including medical professionals, will argue for tube feeding towards the end of life. Some will argue that to refuse that treatment would effectively “starve” that person to death and shorten their life.

The Case Against ANH

However, some argue that it may make the end of their life more painful. It may be necessary to put a patient into restraints to prevent them from pulling out the feeding tube. The tubes themselves can cause inflammation and irritation. They will say that avoiding the use of artificial Nutrition and Hydration will allow the body to die naturally and with less suffering.

Consciousness Disorders

This is the area where most of the debate occurs. A patient may not be terminally ill, but may instead be unconscious due to a brain injury, irreversible coma, or persistent vegetative state. Medical teams may feel it is necessary to keep the patient alive since they are not terminally ill. Family members may be divided in thought. ANH will not do any good in relieving symptoms, but withdrawing it will cause death. It’s a complicated issue.

The Ethical and Moral Debate

What is Different Now From Years Past?

The process of dying has changed so much in just a few generations. We now have the medical technology to prolong life for longer periods of time than ever before.

Social attitudes and views towards dying are not capable of evolving at the rate of speed that technology does. Therefore, we have a gap between what we **can** do and what we **should** do to hasten or slow the dying process.

Probably the most significant development is the ability for advance care planning, and for an individual to have a say in the way they live their lives, and also in the way they experience death.

The Role of Individual Choice

If everybody agreed on how a person's life should end, we wouldn't need advance care directives. If society all felt the same way about end of life choices, we wouldn't have different laws in different states.

It's a Complex Topic

There are so many factors that play into the decision-making process. Social, Ethical, Cultural, Religious, Spiritual, Moral, and Emotion factors are likely to be represented. The resistance between family members or members of the medical care team may be conflicting. This is why advance care directives, signed before needed, are so essential.

How Lean on Dee Can Help Seniors?

Senior Wellness Check-Ins

We offer direct communication and support while assuring that the emotional, physical, and spiritual well-being of your loved ones are addressed. We do this by providing three Wellness Check-In visits per month where we utilize a monthly assessment tool to gauge any changes that may occur.

Home Safety Assessment

We will assess the living environment, and make recommendations for hardware and fixtures that may need to be installed or repaired. We help to support your loved one in the home and by making referrals to our list of trusted partners for services that can assist in fixing or installing them. Our goal is to reduce falls and avoidable hospitalizations

Housing Placement

There is a range of reasons why your loved one may need assistance in relocating to a senior living community or skilled nursing facility. If the occasion ever arises, we will be there to help you find the best option for your price range and level of care.

