

How to Approach and Manage End-of-Life Decisions

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Internal Medicine

As medical knowledge and technology advance, our ability to preserve and prolong life has improved dramatically. Unfortunately, in some cases, circumstances are such that physicians are able to sustain only the very basic life functions. At the same time, a person may be rendered unable to communicate or make decisions regarding his or her own care. At such times, health care decisions frequently become the responsibility of family, friends or a physician. Simple planning can ensure that the wishes of a patient are carried out while removing any potential guesswork for those acting on the patient's behalf.

Under our legal system, any competent adult has the right to make informed decisions about his or her own health care. Several tools exist to aid us in exercising this right in the event that we are physically or mentally unable to do so. In general, the tools are referred to as Advance Directives. These documents allow us to opt for or against medical treatments that may prolong our lives. Some types of Advance Directives also allow us to select individuals to make additional decisions on our behalf. Advance Directives give guidance to our loved ones and physicians by spelling out our wishes for long- or short-term care.

Before exploring the two basic types of Advance Directives, some terms should first be explained:

Terminal Condition: under Wisconsin law, defined as "an incurable condition caused by injury or illness that reasonable medical judgment finds would cause death imminently, so that the application of life-sustaining procedures serves only to postpone the moment of death." Irreversible progressive brain damage is a common example. Two examining physicians must attest to a terminal condition. Of these physicians, one must be the patient's own attending physician.

Persistent Vegetative State (PVS): a condition in which all higher functions of the brain - such as thought, speech and personality - cease to function. However, the basic functions controlled by the brain such as breathing, cardiac function and digestion, continue to work. Like a terminal condition, two examining physicians must attest to PVS.

Life-Sustaining Procedures: treatments which, in the judgment of your attending physician, would only prolong the dying process but not prevent death.



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According to Wisconsin statutes, examples of life-sustaining procedures include support of respiration with a ventilator, medication to maintain blood pressure and heart rate, blood transfusions and kidney dialysis.

Special attention is given to the use of a "feeding tube" to provide nutrients and fluid. Such tubes may be placed in a vein or the stomach. Use of a feeding tube and IV fluids are considered medical treatment and are, therefore, subject to withholding or withdrawal at the patient's direction.

Cardiopulmonary Resuscitation (CPR): an emergency medical procedure used to re-establish respiratory or cardiac activity in

the event that the heart or lungs stop working. CPR typically includes compressing the chest to maintain circulation, placing a tube into the "wind pipe" to maintain respiration, a brief electric shock to the heart and intravenous medications to stimulate the heart. Resuscitative measures may not always be successful. Patients who are less likely to benefit from CPR include those with advanced disease of the lungs, kidneys, or heart. Also, CPR may be successful in restoring heart function, but does not guarantee normal brain function.

Do Not Resuscitate (DNR): an order informing health care providers that a patient does not wish to undergo CPR or other emergency procedures in the event of cardiopulmonary arrest. Such an order is made in the same fashion that any other medical procedure is accepted or refused. Often, the decision is made after discussion with one's family and physician, based upon one's perceived value of continued life.

Types of Advance Directives

Living Will. In Wisconsin, this is actually called a "Declaration to Physicians." This document informs your physician whether or not you would like to undertake life-sustaining measures in the event of a terminal condition or persistent vegetative state. Its scope is limited to terminal conditions and persistent vegetative states and it is inactivated by a known pregnancy. Its weakness lies in its limited scope, inflexibility and lack of allowance for judgments to be made by your family or physician.

Power of Attorney for Health Care (PAHC).

This document allows a patient to authorize other individuals, called
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How to Approach and Manage End-of-Life Decisions continued...

healthcare agents, to make medical decisions for the patient when he or she is unable to do so. Healthcare agents must be at least 18 years old and may not include your healthcare provider or employees of your healthcare provider (unless that person is your relative).

The PAHC also makes allowances for a “statement of desires, special provisions and limitations.” It deals specifically with feeding tubes and nursing home placement. It can be tailored to one’s own preferences and religious beliefs. As such, it is not limited to terminal conditions and PVS.

The PAHC is activated at any time a patient loses the capacity to make his or her own medical decisions. That determination is made by two physicians or a physician and a licensed psychologist. Neither one may be a relative nor have a claim to the patient’s estate.

Of course, it is important that you discuss your personal philosophy, thoughts and beliefs with the person(s) you have chosen to be your healthcare agent(s).

Important Considerations

The State of Wisconsin statutory versions of both the Living Will and PAHC are available at the administrative offices of most nursing homes, hospitals and physicians. It is essential that one reads and understands the documents. Upon signing the forms, two witnesses must be present who are not related to the designee by blood or marriage. They must have no financial interest in the designee’s health care or estate, and they may not be employees of any provider, unless they are social workers or clergy.

Use of the statutory forms is not mandatory. But one must be sure of a physician’s comfort level in honoring a “custom” form written by oneself or an attorney.

Once completed, the Advance Directive should be given to a physician and made part of a permanent medical record. If a choice of hospital has been made, the Advance Directive should be added to any pertinent records. Also, a copy should be provided at the time of any hospital admission to be made part of one’s current record. Copies should also be given to family members who may be involved in helping with one’s decisions. In the case of a PAHC, a copy should be given to the designated agent(s).

You may cancel or revoke either type of Advance Directive at any time while you are still

capable of making decisions. It is best to write, sign and date a statement revoking the document, and then provide copies to everyone who received a copy of the original document. Signing a new Living Will or PAHC will have the effect of revoking a previous directive. Be sure to indicate in the new document that it is a revocation of a previous one and that everyone receives a copy of the most current directive.

For more information, call Advanced HealthLine at (262) 512-2880 or toll-free at 1-888-709-2080 outside the Milwaukee metro area, or log on at www.ah.com.

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