What Everybody needs to know about The Living Will
Medical technology today has enabled us to perform relative miracles in taking care of our patients. Unfortunately, with the legal/malpractice situation the way it is, most physicians feel compelled to "do everything for everybody". This is not always in your best interest\; a patient with a terminal condition or severe brain damage would be subjected to painful resuscitation efforts (that may be completely unsuccessful preventing a "dignified" death) that at best would only prolong the dying process. This months article will provide information on what choices can commonly be made in a Living Will as well as provide a blank, legal Living Will that can be photocopied, filled out, and left with your other important papers (after discussing it with your family and giving your physician a copy). People of all ages should have this document! It is only used if you are incapacitated and cannot otherwise convey your wishes. The Living will will specify whether care should be **Provided**, **Withheld**, **Withdrawn**, or **Withheld and/or Withdrawn**.

The Living Will is a dynamic document\; it can be changed as a patients condition changes for the better or worse.
This document provides for clear **Refusal for Care.** This is not a "Do Not Resuscitate" (DNR) order, which requires that the patient be in a terminal condition, with no hope for recovery, and imminent death. The Living Will is decided upon by the patient. It is not an order by the physician.
The Living Will document can specifically direct the physician in various aspects of care for the patient. Some of these types of care are outlined below.

Considerations:
Consequences of CPR;
32% of patients suffer rib fractures
21% suffer sternal (breast-bone) fractures
18% suffer mediastinal (the area around the heart) bleeding
20% suffer upper airway complications
31% suffer complications to the abdominal viscera
Pre-arrest variables:
Only 5% will survive CPR if the arrest is associated with\;
Pneumonia
Renal Failure
Hypotension (low blood pressure) greater than 24 hours
Cancer
Homebound lifestyle
Only 1 of 132 patients whose arrest was not witnessed survived to be discharged according to one study.
A DNR order should not be discussed with a competent patients family unless the patient authorizes such a discussion.

Most patients who survive an in-hospital arrest have impairment way out of proportion to organic disease.

Extraordinary care (as defined by the Catholic Church)
1. Medically impossible or futile.
2. Provides no benefits in terms of prolonging life or alleviating suffering.
3. The resulting burdens are excessive in relation to the benefits gained.

Brain Death Criteria;
1. No suspicion that the condition is due to drugs.
2. Body temperature greater than 97 Fahrenheit
3. No doubt that the patient has a condition that can lead to irreversible brain death.

Types of Life-Prolonging Care
I Cardiac Resuscitation ("Coding")
This consists of several different procedures\;

1. Artificial ventilation. This is necessary during CPR, but can progress to prolonged artificial life support on a ventilator. People died natural deaths in the days before the advent of the artificial ventilator.

2. Tracheal intubation. This consists of placing a tube through the mouth or nose into the trachea ("windpipe") to provide ventilation to the lungs.

3. Manual chest compression. "Cardiac Massage" to artificially pump blood during periods of cardiac arrest. This is a procedure that will probably cause rib fractures and other potential injuries in an effort to restore life.

4. Electrical defibrillation. "Shocking" the heart with a jolt of electricity to try to correct abnormal electrical activity within the heart.

5. Acute cardiac drugs. Occasionally continuous infusions of powerful medicines are needed to keep the failing heart alive. In some instances the heart will recover enough to be "weaned" off of these medications. In other situations, the heart will never recover.

II Prolonged Respiratory Support
Breathing for the patient is necessary during cardiac arrest. Some patients will have isolated respiratory failure for a variety of reasons\; chronic lung disease or failure of the brain stem to support respiration are two classic examples. In these conditions the patient will never be able to survive without the machinery keeping them alive. Home ventilator care is occasionally possible, but at what cost in terms of quality of life?

III Artificial Hydration & Nutrition
If a patient is unable to feed themselves or drink fluids, some means of providing these are necessary. This can greatly prolong life in a **persistent vegetative state\;** during which time a person may be alive, breathing on their own, awake, but not aware of who

they are or of their surroundings, family, friends, etc. They are alive but apparently functioning as an animal or less. There is usually little if any hope for return to a pre-morbid state.

IV Antibiotics
Especially during times of intensive care, people become infected easily. Natural bodily defenses to infection are violated. The skin is no longer intact, it is pierced by tubes to supply fluid and medications to the veins, sustenance and fluid to the gut, oxygen to the lungs, and monitor and support other bodily functions. Infection is unfortunately inevitable. Even beyond the acute phase of the ICU, when a patient has been moved to a long-term facility such as a nursing home, bedsores develop and become infected, urinary and respiratory tract infections are common. Without antibiotics, these will eventually cause even advanced forms of life support to fail as the body is overwhelmed with sepsis.

V Blood Products
Blood products are another area of concern. This mainly includes such religious groups as the Jehovah's Witnesses. Another consideration is that it is the use of a very rare resource that could possibly be better used in a more hopeful situation. Also, there is always a risk of transfusion reaction or disease transmission from the blood, diseases such as Hepatitis and AIDS are passed this way.

VI Surgery
In many instances surgery becomes necessary in critically ill patients. The person on prolonged mechanical ventilation by an endotracheal tube will require a tracheostomy after about two weeks. Critically ill people are not able to feed themselves well\; a feeding tube into the GI tract may be necessary. Centrally placed intravenous catheters may need to be inserted. Obviously, there are other uncommon complications that may occur to critically ill patients just as in normal people\; appendicitis, blood clot formation, and other problems. If a patient has "Do Not Resuscitate" status, most surgeons will not take them to the operating room unless a provision is made to temporarily revoke that status during the peri-operative period.

VII Terminal Laboratory Studies
When death is imminent and there is no hope to go on, the decision is occasionally made to stop checking blood chemistries, blood counts, drawing blood cultures to determine if any systemic infection is present, or determining if there are any other correctable problems. Obviously, in a terminal patient there are considerations that need to be evaluated: if there is a simple problem, a lab test may determine what that is so that it can be corrected, at the same time, it also involves inserting a needle into the patient (which will cause discomfort), a procedure that may be needless if the patient would not want any antibiotics, blood/blood products or further intervention. One may

argue that there is no reason to perform a test if there is no anticipated intervention regarding an abnormal result.

VIII Body/Organ Donation

A final consideration is the donation of the body or parts of it to research or an organ donor program. If the patient is a candidate, kidneys, lungs, pancreas, corneas, bone marrow, heart, heart valves, long bones, skin, and many other parts can be "passed on" to benefit others. This is especially true in younger people who have fallen victim to trauma and are "brain dead". Like a Phoenix, the person can live on after death by helping many others overcome their handicaps.

The Living Will document is important not only for older people. It is vitally important for everybody!

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LIVING WILL DECLARATION

Declaration made this ____ day of _____ 19____.

I, _____, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and do hereby declare:

If at any time I should suffer from a terminal condition or permanent vegetative state, and if my attending physician and two other physicians have determined that there can be no recovery from such condition, I direct that the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

I **DO** (___) **DO NOT** (___) desire **Cardiac Resuscitation**

I **DO** (___) **DO NOT** (___) desire **Prolonged Respiratory Support**

I **DO** (___) **DO NOT** (___) desire **Artificial Nutrition and Hydration**

I **DO** (___) **DO NOT** (___) desire **Antibiotic Therapy**

I **DO** (___) **DO NOT** (___) desire **Blood Products**

I **DO** (___) **DO NOT** (___) desire **Surgery**

I **DO** (___) **DO NOT** (___) want **Lab Studies** when death is imminent and there is no further significant therapy possible.

I **DO** (___) **DO NOT** (___) want **my body/organs donated** for others to use in the future.
If the **DO** box is checked, such care will be **Provided.**
If the **DO NOT** box is checked, such care may be **Withheld, Withdrawn,** or **Withheld and/or Withdrawn** (circle desired choice) when the application of such procedures would serve only to prolong artificially the process of dying. Furthermore, these are my specific instructions regarding these techniques to clarify my wishes\;

_____

_____

_____

In the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences for such refusal.

If I have been diagnosed as pregnant and that diagnosis is known to my physician, this declaration shall have no force or effect during the course of my pregnancy.

I understand the full import of this declaration, I am emotionally and mentally competent to make this decision.

Signature; _____

The declarant is known to me, and I believe him or her to be of sound mind. **We certify that at least one of us is not the spouse or blood relative of the declarant.**

Witness; _____

Witness; _____

PROXY DIRECTIVE (Optional)

I authorize the following person(s) to make health care decisions on my behalf if I am unable:

Name;_____ Relationship;_____

Address/phone;_____

_____

If that person is unable to act in my behalf, I authorize the following person to do so\;

Name;_____ Relationship;_____

Address/phone;_____

_____

I have discussed my wishes with these people and trust their judgment on my behalf.

Signed;_____ Date;_____

Witness;_____ Witness;_____