

## Medical Intervention at End-of-Life

In general, these types of medical interventions can be helpful in temporary situations – situations where one is expected to recover. In end-of-life situations, medical interventions may only prolong discomfort. Many situations fall somewhere in between – when one’s chances for recovery are unknown or unclear. It is difficult to plan for these “grey areas”, but the following information may be of help.

<b>Treatment</b>	<b>What does it do?</b>	<b>When might it be considered?</b>	<b>Benefits</b>	<b>Limitations</b>	<b>What happens if it is not used?</b>
<b>CPR</b>	Restarts heart and breathing	Heart attack	Can revive heart and breathing – usually in young, healthier people	Not very effective in older people with a terminal illness – may only temporarily prolong life	Coma leading to death in 5-10 minutes
<b>Breathing machine (ventilator)</b>	Assists in or completely takes over breathing	Injury or illness that weakens lung function or disables ability to breathe	Temporarily takes over breathing while doctors treat underlying illness	Can’t reverse disease or illness, simply sustains life	Slowed breathing until it stops (medication can be used to ease any discomfort)
<b>Artificial nutrition and hydration</b>	Administers nutrition in a vein or through a feeding tube into the stomach	Injury or illness that prevents swallowing	Alleviates hunger and confusion from dehydration due to a temporary condition	For the terminally ill, may not extend life, but may prolong dying; may cause fluid buildup, nausea, vomiting	Coma leading to death in 1-3 weeks
<b>Dialysis</b>	Takes over for kidneys to remove waste and excess fluid from the body	Kidney failure	Prevents excess waste from damaging other organs	May require long-term use	Waste build up in the body, leading to coma and heart failure

## Food and Fluids at End-of-Life

It is common for people with life-limiting illnesses to lose their appetite as their condition worsens. They may take only sips of liquids or small bites of foods that are swallowed easily – or they may take nothing.

This is a natural process. As the body begins to shut down and energy requirements lessen, the body produces substances that suppress appetite and take away hunger. It is rare for people with a terminal illness to report feeling hungry.

As death nears, the body has more difficulty handling fluids. Appetite suppression appears to be the body's natural defense against taking in too much fluid. People do experience the discomfort of a dry mouth – so frequent oral care with mouth swabs and lip moisturizers is recommended to manage this discomfort.

Some people may wonder what to expect if intravenous (IV) fluids or tube feedings are discontinued when someone is dying. This information may be of help.

<b>Effect on the Body</b>	<b>Benefit to the Ill Person</b>
Less fluid in the lungs	Easier to breathe
Less fluid in the throat	Less respiratory congestion
Less pressure on tumors (if present)	Less pain
Less stomach stimulation	Less nausea Brain does not send hunger signal
Body increases production of its own endorphins (pain-killers)	Increased comfort Less pain