

When a young couple is going to have a baby, they rearrange the house, schedule doctor visits and attend birthing classes. That's an example of Advanced Care Planning. Everything works better when we plan -- especially in our medical care.

One can usually make their own medical decisions. However, there are times when this is not possible. For example, if you were to come in for a routine surgery with anesthesia someone would need to make decisions for you during that time. This is another example of Advanced Care Planning.

We also may not be able to make our own decision if we experience an unexpected injury. For example, what if you received a sudden head trauma? You would be able to receive needed medical treatments, but doctors wouldn't have your input when considering various treatment options. Who would speak for you and what kind of decisions would you want made? A stroke or heart attack could cause a similar situation.

Who will make decisions about your care if you can't? Do they know what care options you prefer? What kind of treatments would you accept and what do you want to avoid? All those questions challenge a family when sudden events happen. An Advanced Directive based upon good conversation will help your family/decision makers and give you power over the care you will receive.

Sometimes we think we've explained what we want. For example, a person might say, "I don't want to be kept alive on machines." However, if you get an infection and are given IV antibiotics -- that is a machine. Advance Care Planning helps us think through what we really mean and give that information to people we trust.

Planning Starts with a Conversation

Even well-thought through ideas don't help unless other people know. We need to have a conversation with our family, our doctor and others who could be our decision-makers. Often, it's helpful to have someone such as a member of Altru's Pastoral Services (701-780-5300) guide that conversation. Based on those conversations, you can pick your Health Care Agents and put down some of your wishes on an Advanced Directive Form.

Picking a Health Care Agent

The person or persons you choose to make decisions on your behalf should be someone you trust and who knows your wishes. They are to be your Advocate and speak for you when you cannot speak. You should pick someone who will respect your wishes. Often an agent is a family member, but that's not required.

Putting Together the Directive

Based upon your conversation(s) you can put your wishes into written form with a Health Care Directive. In such a document you can do two things. First, you can formally name the person(s) who will be your decision maker(s) or agents should you not be able to make your own decisions. Second, you can put down some of your healthcare wishes concerning treatments and other possibilities.

A Healthcare Directive becomes effective when it meets legal requirements and you are unable to decide or make known healthcare decisions. Therefore, you can make your own medical decisions if you are competent, and your Advance Directive will not come into effect.

You cannot be required to sign a Healthcare Directive. Your decisions are personal and should be based upon your individual values and beliefs. Altru's Pastoral Services can help by talking through any issues, help legalize your directive, scanning it into your record and making any copies you need.

Some Medical Terms You Might Hear

Intravenous Fluids (IV): a small plastic tube (catheter) is inserted directly into the vein and fluids are administered through the tube. Typically, IV fluids are given for just a short time.

Tube Feeding: On a short-term basis, fluids and liquid nutrients can be given through a tube in the nose that goes into the stomach (nasogastric or "NG tube"). For longer situations, a tube can be inserted through a surgical procedure directly into the stomach (gastric or "G" tube) or the intestines (jejunal or "J" tube).

Antibiotics: Antibiotics treat some infections (such as pneumonia) that can develop when a patient is seriously ill.

Mechanical Ventilation/Respiration or Intubation: When a patient is no longer able to breathe on their own, a tube is put down the throat to help breathing. A machine pumps air in and out of the lungs through the tube. If this is more than a few days a tracheotomy might be needed.

Comfort Cares. Instead of trying to fix something or prolong life, comfort care seeks to keep a patient comfortable. Often a patient can be kept comfortable at home with support from Hospice or other care-givers. Comfort care always includes adequate pain control and treatment of symptoms and is intended to honor the wishes and dignity of a patient.

Dialysis is a process to purify the blood when the kidneys aren't functioning well. You have the right to make your own choices about how you are treated for kidney failure. That means you can choose when to start or stop dialysis.

Electric shocks (defibrillation) may be used to send brief shocks to your heart through small pads on your chest. It may help restore your heart rhythm to normal. Medications may be used to help restart your heart

CPR is "Cardio Pulmonary Resuscitation." This involves chest compressions to try to re-start the heart after it has stopped. CPR also involves assisting you to breath during this time.

Code Levels

Full Code: defined as full support which includes cardiopulmonary resuscitation (CPR), if the patient has no heartbeat and is not breathing. This includes chest compressions.

DNR: The patient does not want CPR when he/she has no heart beat and is not breathing but may want other life-sustaining treatments.

DNR/DNI: The Patient doesn't want CPR and does not want to be intubated.

Comfort Cares: defined as end of life care as explained above.