



# Elder Law Advisor

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## Understanding Life-Sustaining Measures

You have decided to follow your doctor’s advice and complete an Advance Directive for Health Care, thus providing a clear understanding of your wishes as they relate to life-sustaining measures. You understand the significance of having an Advance Directive, but as you research the process, you are confronted with the question, “What are life-sustaining measures?”

Life-sustaining measures can be defined as, “Any medical treatment in which the primary goal is to prolong life rather than treat the underlying condition.” In such cases an individual’s own body is not capable of sustaining proper functioning on its own without medical intervention. Some examples of life-sustaining measures are:

**Artificial nutrition and hydration** are utilized when an individual is not receiving the nutrients necessary to support life. Artificial nutrition (tube feeding) requires a tube be placed into the stomach or the upper intestine. Hydration (fluid replacement) involves tube placement intravenously (IV) via a needle.

**Cardiopulmonary resuscitation (CPR)** is used when an individual’s heart beat and/or breathing has stopped. CPR includes treatments such as mouth-to-mouth resuscitation, chest compressions, electric shock and/or drugs to restart the heart. CPR can be life saving, however, there is a risk of broken or cracked ribs, punctured lungs and death.

**Mechanical ventilation** supports a person’s breathing when they can no longer breath on their own. In this situation a machine called a ventilator forces air into the lungs via tubing in the mouth or nose.

**Dialysis** is the artificial process by which waste products and excess water are removed from the blood. It is used when the kidneys are no longer able to do this adequately.

These examples of life-sustaining treatments are just a few of the more common measures taken to continue life when one or more body systems are not working properly. Deciding what, if any, treatments are right for you should depend on several factors:

Does the treatment relieve suffering, restore functioning, or enhance the quality of life? If so, these would be some of the benefits of life-sustaining treatment. Conversely, a treatment may be considered problematic if it is painful, prolongs the dying process or negatively effects the quality of life. Other questions to ask yourself might be: What are my values as they relate to life prolonging measures? Who will carry out my wishes should I become incapacitated? If I start treatment and my condition does not improve, will I want to continue that treatment? If so, when? (It should be noted that it is ethically and legally acceptable to discontinue a treatment that is no longer of benefit. It is the disease, not the withdrawal of treatment that causes death.)

How you choose to complete your Advance Directive and what measures you choose to take are up to you. Talk to your doctor and don’t be afraid to ask questions if you find the terminology confusing or you simply don’t understand. Ultimately, understanding your Advance Directive and the medical terminology associated with it will enable you to communicate your wishes to those providing your health care and increase the likelihood that your wishes will be honored.

Finally, understand that completing an Advance Directive for Health Care is a gift to your loved ones. Instead of guessing about what your wishes might be, they have a clear, written, and legally binding expression of your wishes, enabling them to serve as your advocate. Advance Directives for Health Care may be obtained from hospitals, some care facilities, and from elder law attorneys.

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**Geoff Bernhardt  
Julie Lohuis  
Attorneys at Law**

Law Offices of Geoff Bernhardt  
6420 SW Macadam Ave.,  
Ste. 208  
Portland, OR 97239  
phone: 503-548-4000  
fax: 503-548-4003  
e-mail: geoff@elderlawpdx.com