MEDICAL STRATEGIES

Traditional medical options for one's self or parent or friend with health or time-in-life concerns include the following strategies:

Hospice care provides comfort, support and dignity to people with less than six months to live. This care is often provided in the home and may be covered by Medicare.

Palliative care is intended to provide relief from pain, stress, depression and other symptoms of a serious illness. It does not depend on whether or not the condition can be cured.

Curative care treats patients with the intent of curing their illness or dysfunction when such a cure is considered achievable. It is not just intent on reducing or eliminating pain or stress.

Palliative sedation is the continuous administration of enough sedatives to induce a comatose state, thereby reducing or eliminating pain and suffering. It may include discontinuing life sustaining treatments and nutrition and hydration.

Voluntarily stopping eating and drinking is a legal right for any individual who wishes to shorten their dying process by refusing to eat or drink, orally or through a tube. Death may come within about a week.

Passage of a federal law and other changes over the last few years have given a person much more power to make decisions about their health care instead of having to accept whatever traditional decision the physician or nursing home staffer makes.

Moreover, over about the last decade a host of benchmark court cases have established that a person has right to reject life-sustaining treatments that provide more ordeal than they do advantage. These life-sustaining treatments may merely postpone an essential component of the awesome functioning of nature, the end of life.

Consequently, one of the choices a person working with his/her medical person may formulate is what they may perceive as the dying well choice.

It would provide relief from pain, stress, depression, etc. (like Palliative Care) but not forestall the end of life.

And of course, a fortunate (but often unrealistic) option that might be thought of as a living well strategy intended to restore the patient to the good, full life. It would be based on the Curative Care option.

A medical power of attorney (POA) agent can implement your medical choices if you are not able to do so. If you would like to enlist such an agent, see your physician about this need.

Late-in-life people should definitely discuss with his/her physician the extensive intricacies of the Physicians Orders for Life Sustaining Treatment (POLST) and the Do Not Resuscitate (DNR) choices. DNR is part of the person's health care record. If a DNR situation (the need to revive someone from unconsciousness or apparent death) comes up, the individual or POA agent does not have to take care of anything.

It is all part of the doctor's instructions and part of the public information about the individual. And so, for example, if a physician or Boy Scout with a Medical merit badge discovers a hiker lying unconscious with no breathing or heartbeat out in the boonies someplace, if they know anything about the person's medical preferences or if they check the person's wallet or purse and find a Do Not Resuscitate directive, they will know not to subject the person to any medical procedures.

Perhaps it should be noted that a medical strategy might be expensive and not covered by insurance. But a strategy such as one that causes a comatose condition may reduce costs.

A nonprofit organization dealing with these strategies is Compassion & Choices. Check it out at on the web or phone 800-247-7421.

This pocket handout can be acquired many places including:

CRIS Healthy Aging,
C-U Public Health District,
Strides Homeless Shelter,
PACE Center for Independent Living,
Arbor Rose of Monticello,
Bement Public Library.

A cell phone friendly pdf version of this handout is on the web as “MedStrats.pdf”.

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DISCUSS YOUR MEDICAL INTERESTS AND CONCERNS WITH YOUR PHYSICIAN.

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