

# Advance Care Planning: Treatment Choices Near the End of Life

There are three main types of treatment you may need to say "yes" or "no" to: a ventilator, CPR, and artificial hydration and nutrition.

Learning more about them can help you write and communicate your wishes to friends, family, and your chosen decision maker...as well as your medical care team.

So, what's a ventilator?

Well, it's a machine that helps you breathe if you can no longer breathe by yourself.

It sends air to your lungs through a tube that goes in through your mouth and down your throat.

The tube makes it hard to talk or swallow.

So people who stay on a ventilator for more than a few weeks often have surgery to create a special opening in their throat, called a trach.

With a trach, the tube that connects to the ventilator goes directly into your windpipe, not through your mouth.

Your doctor can tell you how well a ventilator might work for you.

It depends on your overall health and the health of your lungs.

If you say "yes" to a ventilator, you may not be very comfortable, and you'll likely need medicine to sedate you, or help you relax and be comfortable.

And you'll probably be in a hospital.

You can always decide to stop the ventilator.

But for some people, that can be a tricky decision.

But a ventilator may give you more time.

If you say "no" to a ventilator, you may have less time.

But you'll have medicines to keep you comfortable.

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And you'll probably have a better chance of dying without being connected to tubes and machines.

Now let's talk about CPR... cardiopulmonary resuscitation.

CPR is a way to try to get your heart started if it suddenly stops.

It starts with someone pushing down very hard on your chest and pushing air into your mouth.

It may also include a device called a defibrillator to shock your heart.

And sometimes, doctors can use medicines to help get the heart going again.

Your doctor can tell you how well CPR might work for you.

But if you're an older adult and have a serious illness, there's a good chance you might not live long enough to leave the hospital after having CPR.

If you have CPR and you survive, you'll likely need a ventilator to help support your breathing.

CPR can also cause broken ribs... and if it doesn't work fast enough--even if it saves your life--you may have brain damage that could make it hard to think clearly.

But CPR may give you more time.

And for some people, that's the most important thing.

If you say no to CPR, it may mean less time.

But it could mean a calmer, more comfortable death.

The last type of treatment is called artificial hydration and nutrition which is food and fluid given through a tube or I.V. when you can no longer eat or swallow.

If you say "yes" to artificial hydration and nutrition, you may have more energy, for a time.

But artificial hydration and nutrition does have some risks, like getting an infection where the tube or I.V. goes in, causing swelling in your arms and legs, digestive problems, or fluid build-up in your lungs.

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If you say "no" to artificial hydration and nutrition, you will have fewer tubes and I.V. lines connected to you.

And you can still have some of the foods and flavors you enjoy, keeping in mind that our bodies feel less hungry near the end of life.

So, now you know a bit more about treatments you may or may not want at the end of your life.

And you can always talk to your doctor about any other questions you may have.

It's important to remember that there are no wrong decisions.

And whatever decisions you make, your care team will always focus on your comfort and your quality of life.