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# *Hospice Care and Planning*

## **Understanding Life Sustaining Measures**

You have decided to follow your Physician's advice and complete your Health Care Directive thus providing a clear understanding of your wishes as they relate to life sustaining measures. You understand the significance of having a Health Care Directive, but as you research the process you are confronted with a lack of understanding regarding what life sustaining measures encompass.

You are confronted with a myriad medical jargon. What are life sustaining measures?

Life sustaining measures (also commonly referred to as life support) 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. Examples of Life Sustaining measures include artificial nutrition and hydration, cardiopulmonary resuscitation (CPR) and mechanical ventilation. Depending on the circumstances, dialysis treatments may also be considered life sustaining.

**Artificial nutrition and hydration** are utilized when an individual is not receiving the nutrients necessary for health and well being. 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's 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 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 it does not improve my status 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 Health Care 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 Health Care 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.

## Ask the Expert . . .

### COMMON MISCONCEPTIONS ABOUT HOSPICE

Charli Prather-Levinson, MSW LCSW

**HOSPICE IS EXPENSIVE:** The Hospice benefit is covered by most major insurances including Medicaid and Medicare Part B.

**HOSPICE CAN ONLY HELP YOU IF YOU RESIDE AT HOME:** Because care giving can be so difficult in the home, many of our hospice patients are provided services in long term care. It can be comforting for families to know that a hospice team of caregivers are providing visits throughout the week.

**HOSPICE IS ONLY FOR PEOPLE IN PAIN WHO ARE NEAR DEATH:** Many hospice patients have an end stage diagnosis of dementia. Learning a loved one will not recover, can be very stressful. Hospice nurses, chaplains, social workers and volunteers can provide needed emotional support at this time.

**HOSPICE HASTENS THE DYING PROCESS:** Hospice neither hastens nor postpones the dying process. Some patients come onto hospice without ever needing medication

**ONCE YOU BEGIN HOSPICE, YOU CAN NEVER COME OFF:** Evaluations occur every 90 days for the first six months, then every 60 days. If a significant change occurs, and hospice criteria are no long met, patients will be discharged from hospice. Readmission, if necessary, is possible.

Would you like to be added to our mailing list for *Hospice Care and Planning* or be a guest columnist? If so, please contact our

Director of Community Education and Outreach, Beth Frame, at (314) 567-9292 or (618) 659-9292, or email to [beth@coulsonlawgroup.com](mailto:beth@coulsonlawgroup.com) to be included.

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## Should we screen hospice inpatients for orthostatic hypotension?

J C Chambers

Specialist Registrar, Sir Michael Sobell House, Churchill Hospital, Oxford, UK

Orthostatic hypotension (OH) is defined as a reduction in systolic blood pressure of at least 20 mm Hg or a reduction in diastolic blood pressure of at least 10 mm Hg within three minutes of standing, with a reported prevalence of 40% in the hospice setting. Dizziness, falls and fractures have been attributed to OH and some cases of symptomatic OH might be reversible. This study explored the case for screening hospice inpatients for OH. Fifty-nine patients were screened up to five times and, whilst the detection rate was 27%, in no case was it reproducible. There was no statistical association between orthostatic symptoms and the detection of OH, and no patients benefited from the screening process. On closer examination of the literature, the current definition of OH might benefit from revision, sphygmomanometry is an unsatisfactory screening method and there is currently no case for screening hospice inpatients for OH.

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Music can take many forms and have many different effects on us: it can invigorate or calm us, arouse or amuse us, call us to arms, inspire us and lift up our spirits. Research into the effects of some classical music – Mozart in particular – would seem to show a huge area of potential healing power which merits further scientific investigation.

### Hospice Work and Research Findings

In our work in hospices and beyond, we have seen a stroke patient who, holding a Tibetan bowl, felt vibrations all the way up her 'useless' arm, and a cerebral palsy patient who kept stiller than her helper had ever known her do. Some of the music seems to release layers of pent-up emotions, and results of a scientific research study<sup>1</sup> we took part in at Bristol Cancer Help Centre (using both live and recorded music) showed that listeners not only felt more relaxed and better about themselves, but also experienced significantly raised levels of salivary immunoglobulin A (an indicator of immune status) and a reduction in cortisol levels (a stress hormone). Some comments about the music we played from our Chameleon CD have been:

- "The power of the music uplifted the spirit."
- "I felt totally at peace."
- "The power of the music to disarm and enter people, to lift up their spirits and to make them whole is amazing."
- "I was immersed in the sound and went off somewhere."

All these results make me think that more scientific research is needed into all kinds of music. A whole new world may open up. Our experiences so far are leading us to experiment with new ways of sending healing intent on our sound, and we conclude that music written with structure and simplicity and performed with beauty of sound can have a profound effect on body as well as mind and spirit. The Bristol Cancer Help Centre study would appear to support this premise.

Excerpts from *The Healing Power of Music* by Celia Harper

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