

End-of-Life Options for Care and Choice

The goal of good end-of-life care is to provide as much physical and emotional comfort as possible. Not aimed at curing illness, the following options focus on comfort, dignity and quality of life. For many, it is reassuring just to know that options exist. There is no one right answer or choice; preferences vary from person to person.

Candid conversation is crucial to ensuring we get the care we want at the end of life, so it's important to discuss priorities with loved ones, healthcare providers and others close to us. Our End-of-Life Information Center offers additional resources on end-of-life options and how to talk about them.

Pain and Symptom Management

Pain and symptom management involves the use of medications and other therapies, such as massage, acupuncture and aromatherapy, to bring comfort. Symptoms may be disease-related, such as pain, shortness of breath or sleeplessness. Or they may be side effects of treatment, such as nausea from chemotherapy.

Things to consider about this option:

- Palliative pain and symptom management can be used at any time, with or without a terminal prognosis.

- Palliative care is available in medical or assisted living settings and in the home.

Hospice

Hospice care focuses on quality of life rather than the length of life, with the goal of comfort. It is a holistic approach combining medical care, auxiliary therapy and mental health support, and can involve the family in the process. Hospice care usually involves a team of professionals including doctors, nurses, home health aides, social workers, chaplains and others. Services may include nursing care, medical supplies and equipment, home health aide services, respite services (relief for the caregiver), medications to manage symptoms, and spiritual support.

To qualify for hospice, a doctor must estimate a prognosis of six months or less. Typically, treatments intended to cure the illness or extend life are not available once a person enters hospice care. If an individual wishes to pursue this type of care, he or she may be required to end hospice services. A person can go on and off of hospice as needed.

Surprisingly, evidence indicates people sometimes live longer once they make this transition from curative to palliative treatment. Through the Medicare Care Choices Model, the Centers for Medicare & Medicaid Services also provides an option for Medicare beneficiaries that allows them to continue curative treatments while obtaining palliative care. This is available through a limited number of hospice providers.

Things to consider about this option:

- To be eligible, the prognosis must be six months or less to live.
- Hospice also provides counseling, family support and end-of-life planning.
- Hospice care usually takes place in the home, often with help from family members or others.

Voluntarily Stopping of Eating and Drinking (VSED)

Often, as death nears bodily changes can take away appetite. For some people, the decision to voluntarily stop eating and drinking, meaning declining food, liquids and artificial feeding, shortens the dying process.

Things to consider about this option:

- VSED includes pain and symptom management to minimize discomfort.
- Some people feel hunger and thirst during the first few days.
- Everyone has the right to refuse food and fluids.
- Working with hospice or a medical team is highly recommended.
- Families of those in a care facility may need to work closely with staff to ensure staff will honor this choice.
- When VSED is sought at home, it should be medically managed to minimize discomfort.

Declining or Stopping Life-Sustaining Treatment

Treatments for health conditions or to prolong life, such as use of a ventilator, a feeding tube, IV hydration, antibiotics or cardiopulmonary resuscitation (CPR), can be refused or stopped at any time. Sometimes, more treatment is

helpful, but it can also prolong the dying process and increase suffering without improving quality of life.

Things to consider about this option:

- Pain and symptom management are used to ease any discomfort.
- Anyone can refuse medical treatments.
- Those in a care facility may need to work closely with staff to ensure they will honor this choice.

Palliative Sedation

Sometimes called terminal sedation, this option involves being medicated to reduce consciousness. Typically the person remains unconscious until death. At the same time, all nutrition and fluids are stopped. Sedation may bring some relief for extreme pain and suffering. However, it may not totally relieve symptoms.

Things to consider about this option:

- Palliative sedation must be medically managed by a healthcare provider.
- Those seeking this option must ensure their healthcare provider will honor it.

Medical Aid in Dying

Medical aid in dying is a safe and trusted medical practice in which a terminally ill, mentally capable adult with a prognosis of six months or less to live may request from his or her doctor a prescription for medication which they can choose to self-ingest to bring about a peaceful death.

Things to consider about this option:

- For some people, simply having the prescription brings comfort whether or not they use it.
- Nine states currently authorize medical aid in dying: Oregon, Washington, California, Montana, Vermont, Colorado, Hawai'i, New Jersey, Maine as well as the District of Columbia.
- This option can be used at home.

Get more information at

CompassionAndChoices.org/plan-your-care/