Withholding and Withdrawing Life Sustaining Treatments

City of Lake Oswego Adult Community Center Presentation

Eriko Onishi

December 4h, 2024

Definitions

Life Sustaining Treatment

Withhold

Withdraw

Life Sustaining Treatments

- Medical interventions used to extend a person's life when their body is unable to sustain essential functions on its own.
- Often used in critical or end-of-life situations
- Can be either temporary or long-term, depending on the patient's condition.

Examples:

- Ventilators - breathing machines to support oxygenation
- Dialysis - clean blood when kidneys are not working well
- Artificial Nutrition and Hydration – via feeding tube, IV hydration

Withhold

- Deliberately choosing **NOT to start** or **provide** a specific medical intervention or therapy that could potentially prolong a person's life.
- Often chosen when the treatment is either: unlikely to improve the patient's quality of life, may cause more harm than benefit, or goes against the patient’s wishes.
- It is **not the same as neglect or giving up**
- It is an intentional and ethical decision, made with the patient's or family's consent.

Examples

- Not initiating CPR
- Not initiating Ventilation, Dialysis
- Not initiating tube feeding

Withdraw

- **Discontinuing** a medical intervention that is already in place.
- Appropriate when the treatment is either: no longer effective, is causing harm or suffering, or does not align with the patient's wishes or goals of care.
- Prioritizes the patient's comfort and quality of life over prolonging life with burdensome interventions.

Withdraw (cont.)

- Acknowledges the natural process of dying and focuses on respecting patient wishes and dignity.
- Often chosen pursuant to **compassionate care** at end of life, so the patient remains comfortable.
- Unique from euthanasia since death occurs naturally, from the illness.

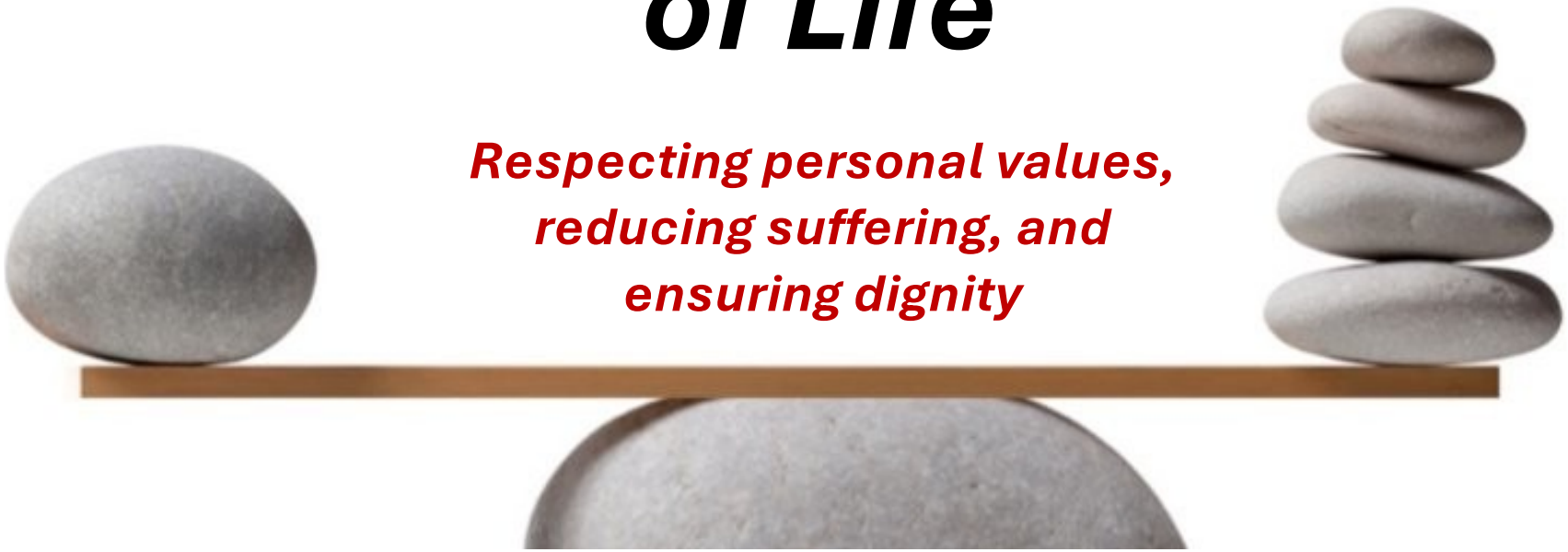
Examples:

- Turning off a ventilator
- Stopping dialysis
- Removing a feeding tube

The Ultimate Question

Quality vs. Quantity of Life

Respecting personal values, reducing suffering, and ensuring dignity



It’s based on being all about your goals, values, preferences, and priorities

Ethical Foundations of Withholding and Withdrawing Life-Sustaining Treatment

Compassionate Choices and Respect for Dignity

Key Ethical Principles

Respecting Patient Rights

1. **Autonomy**: Every person has the right to make their own healthcare choices

Balancing Benefits and Burdens

2. **Beneficence**: Acting in the patient's best interest.
3. **Non-Maleficence**: Avoiding harm or unnecessary suffering.

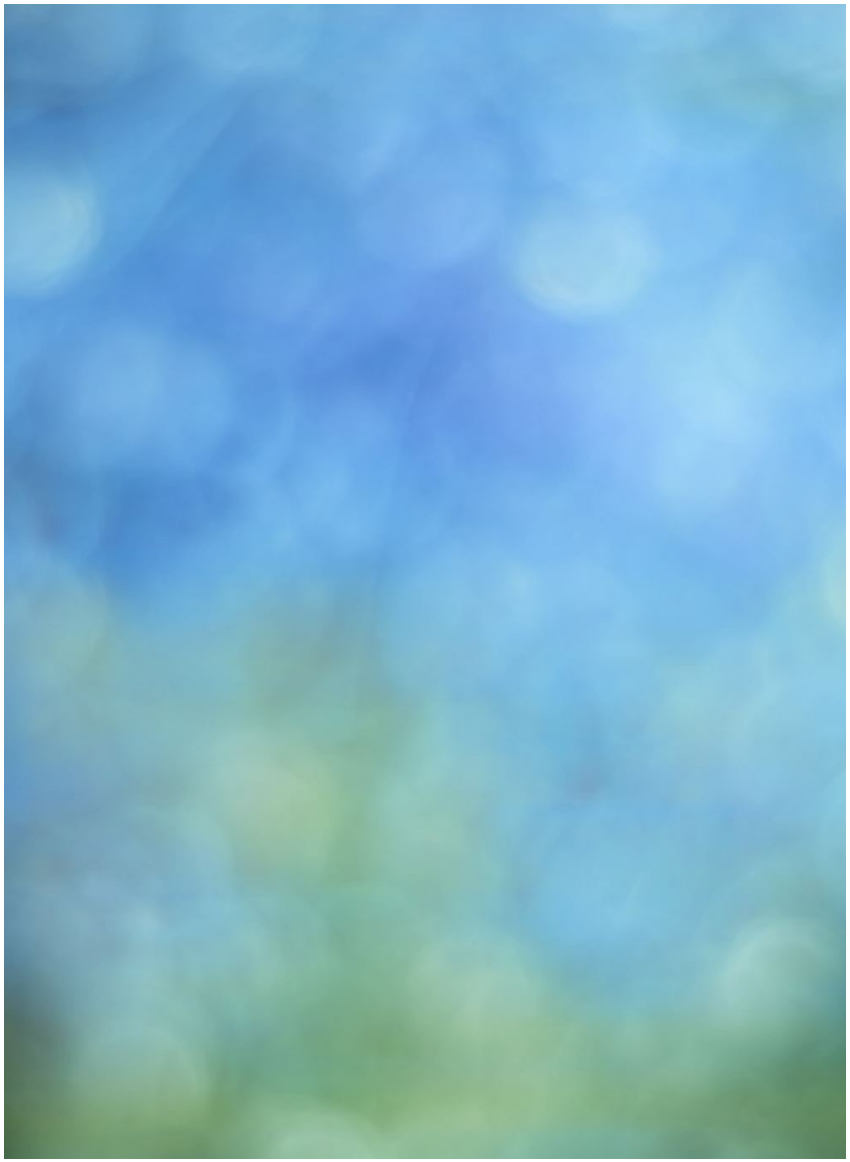
Examples

- Continued aggressive treatment in terminal illness that causes pain without helping
- Compassionate care focuses on comfort and quality of life.

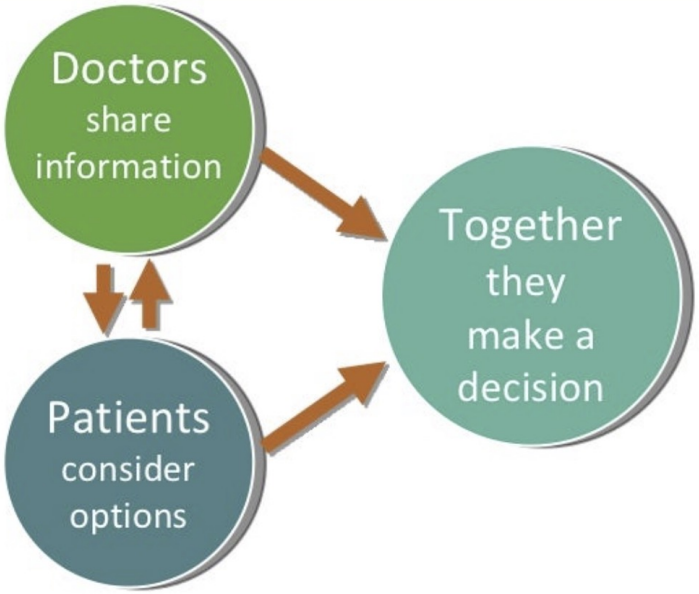
Legal and Ethical Equivalence

Withholding ≠ Giving Up

- Withholding and withdrawing treatments are **ethically and legally the same**
- These decisions allow **natural death** while prioritizing comfort and dignity



How Decisions Are Made



Shared Decision-Making

- A process in which clinicians and patients work together to make decisions regarding **"Whole Person Care"** plans based on clinical evidence, which balance the risks and expected outcomes with patient goals, values, and preferences.

- **The patient is the *personal* expert**

- **The medical providers and/or team are the *clinical* experts**

How Decisions Are Made

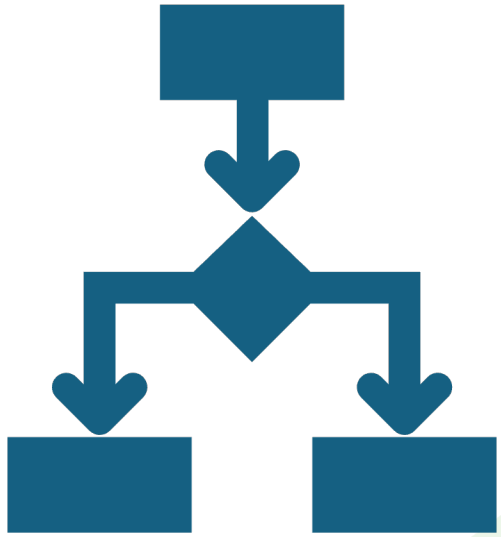
Shared Decision-Making

1. Discuss the patient's goals of care:

   What matters most: prolonging life, comfort, or something else?

2. Informed consent ensures patients and families fully understand their options.

3. Healthcare teams guide families through the process with support and empathy.



Cultural and Religious Beliefs

Respecting Beliefs

- Beliefs about life, death, and treatment vary across cultures and religions.
- Ethical care respects these values and integrates them into decision-making.

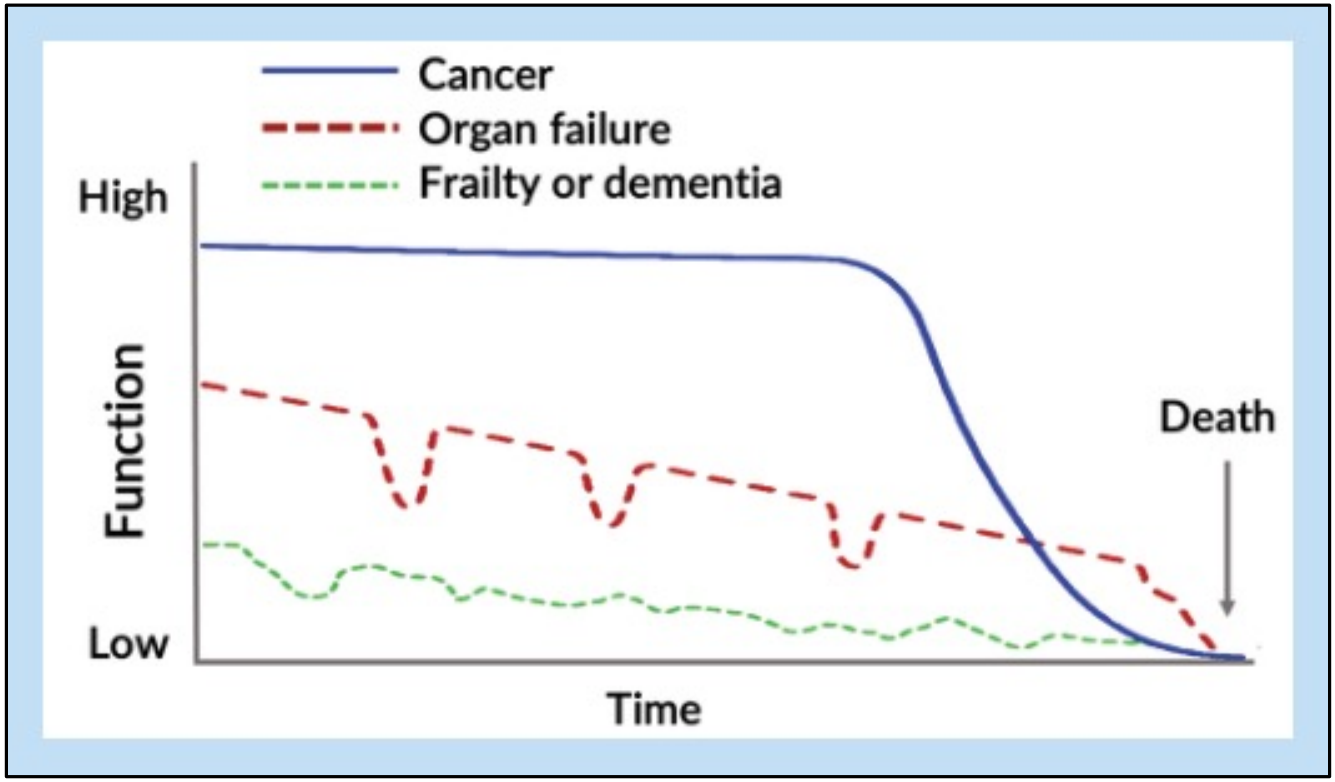
Supporting Families and Caregivers

Providing Compassionate Guidance

- Healthcare providers offer emotional and practical support.
- Families should know that they are not alone, that their decisions are shared and supported.

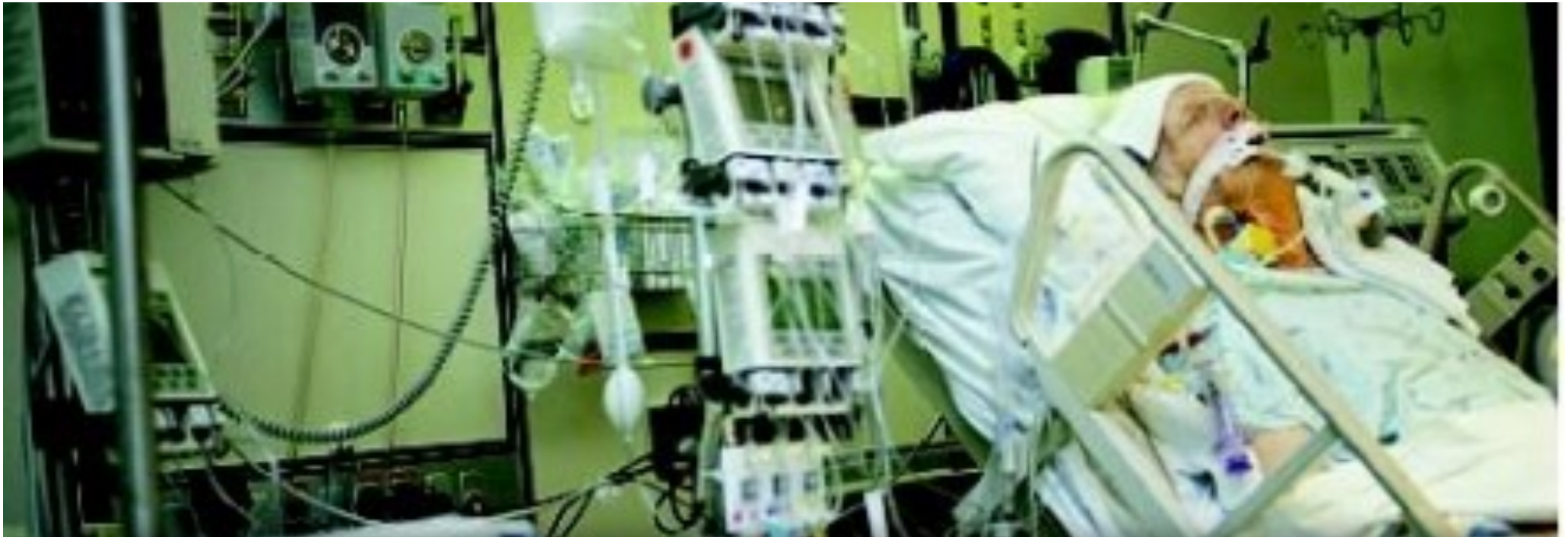

Walking
Through
Serious
Illness
Trajectories

Three Most Common Illness Trajectories



Living Well at the End of Life: Adapting Health Care to Serious Chronic Illness in Old Age, J. Lynn and D. Adamson

THE TRUTH



Withholding or withdrawing treatment will eventually be part of every Care Plan … because death is Inevitable.

If a Patient doesn't withdraw or withhold before imminent death, they may ...

CPR

Cardiopulmonary Resuscitation

ECMO

Extracorporeal Membrane Oxygenation

Intubation

A "breathing machine"

Dialysis

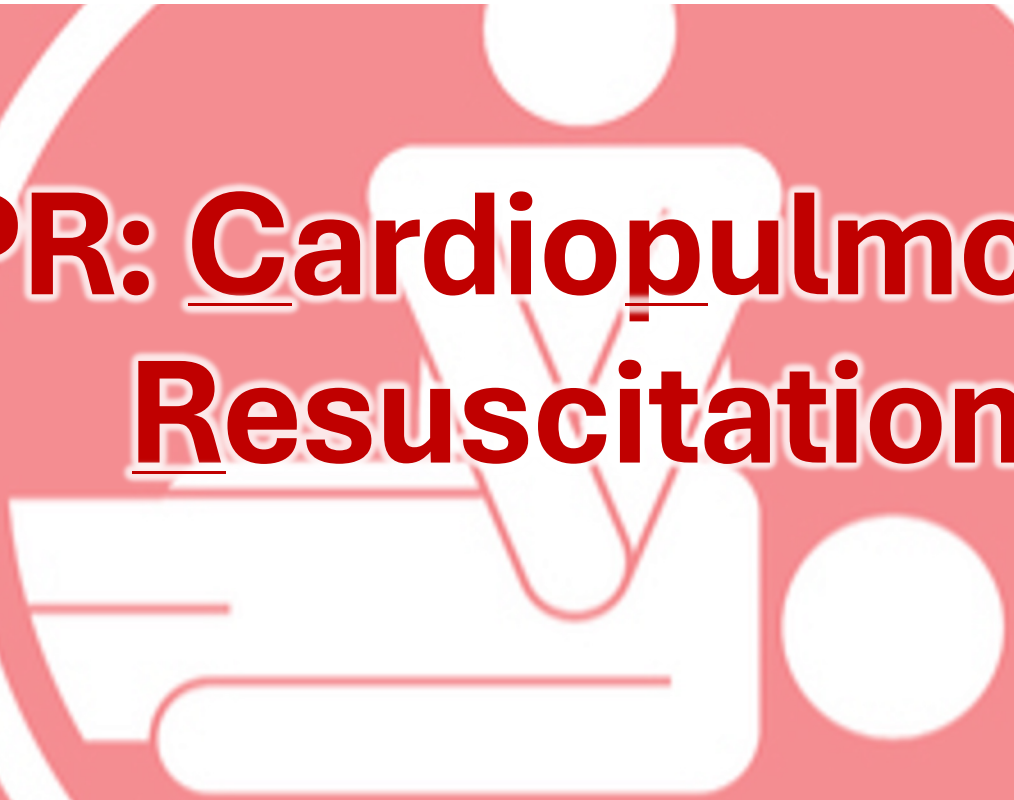
Surgery

Medications

... find themselves a box on an endless conveyor belt ...

... and the medical team will rush in,
like a marching army intent on saving a life.

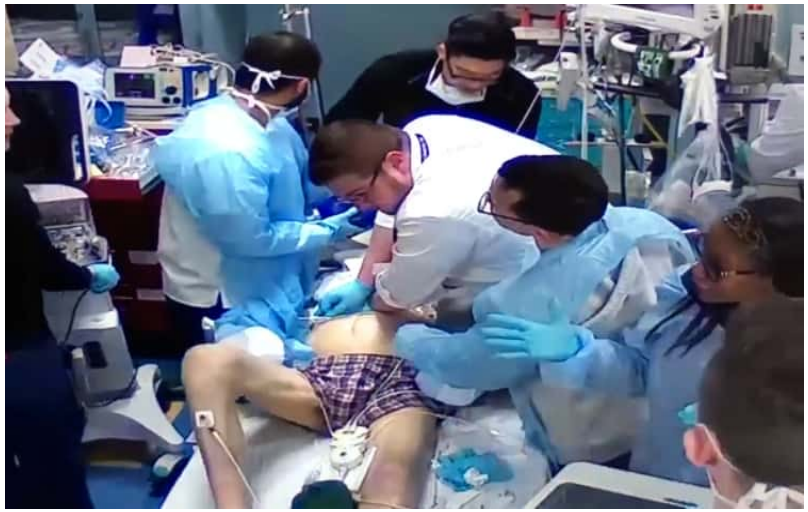
CPR: Cardiopulmonary Resuscitation



An emergency procedure performed when the heart has stopped beating and there is no breathing (ie. DEATH)

At the Time of Patient Death

With CPR
surrounded by a medical team



Without CPR
surrounded by loved ones

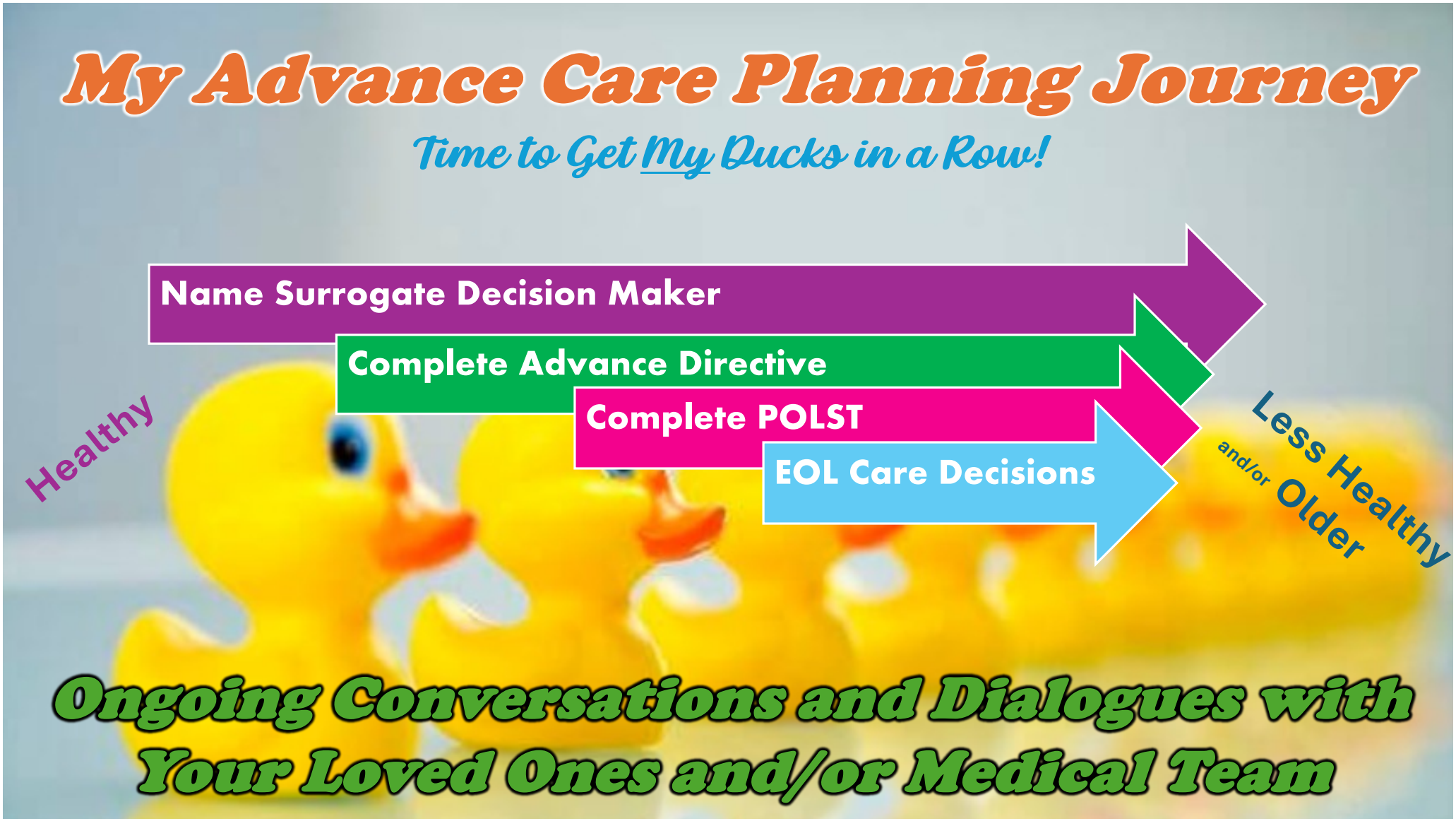
"I don't know what my dad wants … he would not want to be kept alive, hooked up to machines and tubes, not even knowing that I am here … but he is a fighter."

"I don't want him to suffer any more … but I feel like I am letting him die if I ask to 'stop' the machine … this is too hard … I wish I knew what he would have wanted."


Take the Next Step

Advance Care Planning/ACP

- Involves discussing and preparing for future decisions about your medical care, should you become very sick and unable to communicate your wishes.
- The most important step is to have meaningful conversations with your loved ones ahead of time.

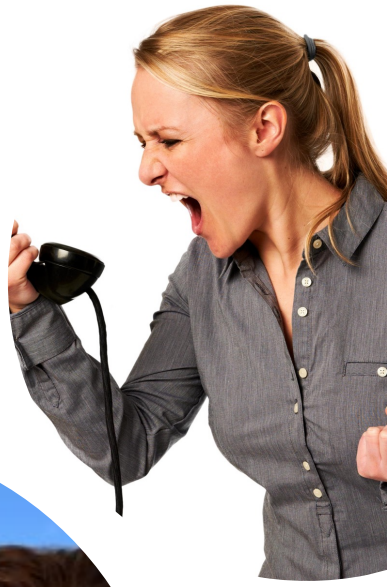

My Advance Care Planning Journey
Time to Get My Ducks in a Row!
Name Surrogate Decision Maker
Complete Advance Directive
Complete POLST
EOL Care Decisions
Healthy
Less Healthy
and/or Older
Ongoing Conversations and Dialogues with
Your Loved Ones and/or Medical Team

For your Health Care Representative, choose someone who ...

1. You are comfortable talking with
2. Will honor your wishes and do as you ask
3. Is trustworthy
4. Can handle conflicting opinions
5. Is willing and available to serve

And remember ...

1. They needn't be a family member
2. You can have more than one



Who makes these decisions when there is no Health Care Representative?

Oregon: ORS 127.635
Withdrawal of life-sustaining procedures

… if the principal **does not have an appointed health care representative or applicable valid advance directive,** the principal's health care representative shall be the first of the following, in the following order, who can be located with reasonable effort by the health care facility and who is willing to serve as the health care representative:

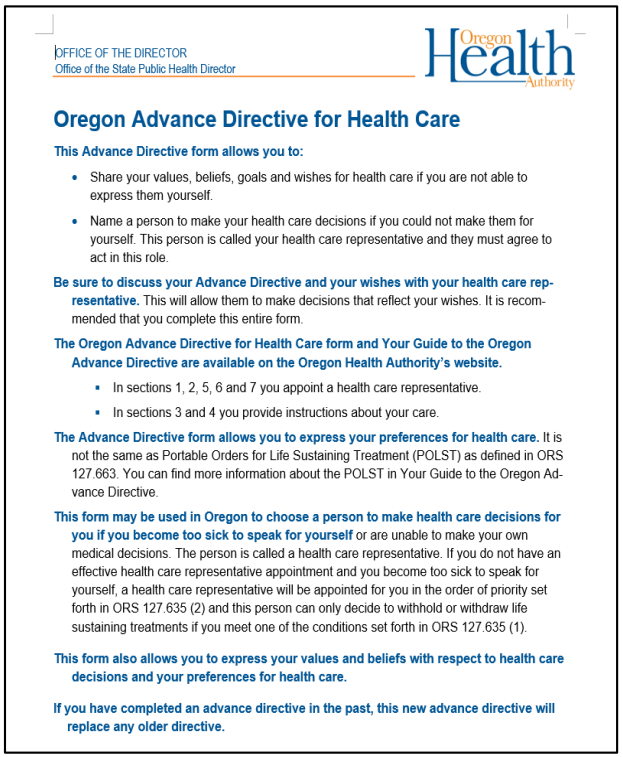
(a) A **guardian** of the principal who is authorized to make health care decisions, if any;
(b) The principal's **spouse**;
(c) An adult designated by the others listed in this subsection who can be so located, if no person listed in this subsection objects to the designation;
(d) A majority of the **adult children** of the principal who can be so located;
(e) Either **parent** of the principal;
(f) A majority of the **adult siblings** of the principal who can be located with reasonable effort; or
(g) Any adult relative or adult friend.

If none of these are available, *life-sustaining procedures may be withheld or withdrawn on the direction and* ***under the supervision of the attending physician or attending health care provider.***

Your Oregon Advance Directive

1. **Formally appoints your Health Care Representative**

2. **Provides written medical instructions, based on your personal preferences**



OFFICE OF THE DIRECTOR
Office of the State Public Health Director

Oregon Health Authority

Oregon Advance Directive for Health Care

This Advance Directive form allows you to:

- Share your values, beliefs, goals and wishes for health care if you are not able to express them yourself.
- Name a person to make your health care decisions if you could not make them for yourself. This person is called your health care representative and they must agree to act in this role.

Be sure to discuss your Advance Directive and your wishes with your health care representative. This will allow them to make decisions that reflect your wishes. It is recommended that you complete this entire form.

The Oregon Advance Directive for Health Care form and Your Guide to the Oregon Advance Directive are available on the Oregon Health Authority's website.

- In sections 1, 2, 5, 6 and 7 you appoint a health care representative.
- In sections 3 and 4 you provide instructions about your care.

The Advance Directive form allows you to express your preferences for health care. It is not the same as Portable Orders for Life Sustaining Treatment (POLST) as defined in ORS 127.663. You can find more information about the POLST in Your Guide to the Oregon Advance Directive.

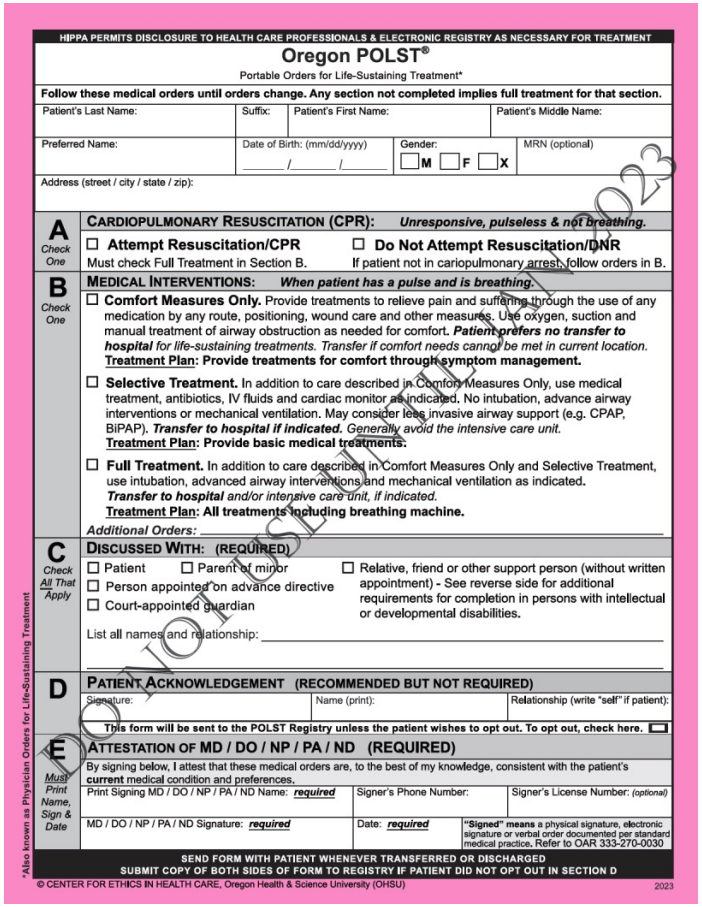
This form may be used in Oregon to choose a person to make health care decisions for you if you become too sick to speak for yourself or are unable to make your own medical decisions. The person is called a health care representative. If you do not have an effective health care representative appointment and you become too sick to speak for yourself, a health care representative will be appointed for you in the order of priority set forth in ORS 127.635 (2) and this person can only decide to withhold or withdraw life sustaining treatments if you meet one of the conditions set forth in ORS 127.635 (1).

This form also allows you to express your values and beliefs with respect to health care decisions and your preferences for health care.

If you have completed an advance directive in the past, this new advance directive will replace any older directive.

Portable Orders for Life-Sustaining Treatment

- A medical order written by health care providers (eg. Physicians, Nurse Practitioners, Physicians Assistants, Naturopathic physician)
- For people with serious progressive illness: (eg. Advanced Organ Failure or Advanced Cancer, Advanced Dementia, Advanced Frailty, Advanced age) **AND** who want to set limits on their medical treatment
- Intended to be followed by EMS, or other emergency medical personnel, as an out-of-hospital medical order set.



HIPPA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT

Oregon POLST®

Portable Orders for Life-Sustaining Treatment*

Follow these medical orders until orders change. Any section not completed implies full treatment for that section.

Patient's Last Name: | Suffix: | Patient's First Name: | Patient's Middle Name:

Preferred Name: | Date of Birth: (mm/dd/yyyy) _____/_____/_____ | Gender: ☐M ☐F ☐X | MRN (optional)

Address (street / city / state / zip):

A Check One — **CARDIOPULMONARY RESUSCITATION (CPR):** *Unresponsive, pulseless & not breathing.*

☐ **Attempt Resuscitation/CPR** — Must check Full Treatment in Section B.

☐ **Do Not Attempt Resuscitation/DNR** — If patient not in cariopulmonary arrest, follow orders in B.

B Check One — **MEDICAL INTERVENTIONS:** *When patient has a pulse and is breathing.*

☐ **Comfort Measures Only.** Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Patient prefers no transfer to hospital*** *for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.*
Treatment Plan: Provide treatments for comfort through symptom management.

☐ **Selective Treatment.** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advance airway interventions or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). ***Transfer to hospital if indicated.*** *Generally avoid the intensive care unit.*
Treatment Plan: Provide basic medical treatments.

☐ **Full Treatment.** In addition to care described in Comfort Measures Only and Selective Treatment, use intubation, advanced airway interventions and mechanical ventilation as indicated. ***Transfer to hospital*** *and/or intensive care unit, if indicated.*
Treatment Plan: All treatments including breathing machine.

Additional Orders: _____

C Check All That Apply — **DISCUSSED WITH: (REQUIRED)**

☐ Patient ☐ Parent of minor ☐ Person appointed on advance directive ☐ Court-appointed guardian ☐ Relative, friend or other support person (without written appointment) - See reverse side for additional requirements for completion in persons with intellectual or developmental disabilities.

List all names and relationship: _____

D — **PATIENT ACKNOWLEDGEMENT (RECOMMENDED BUT NOT REQUIRED)**

Signature: | Name (print): | Relationship (write "self" if patient):

This form will be sent to the POLST Registry unless the patient wishes to opt out. To opt out, check here. ☐

E Must Print Name, Sign & Date — **ATTESTATION OF MD / DO / NP / PA / ND (REQUIRED)**

By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient's **current** medical condition and preferences.

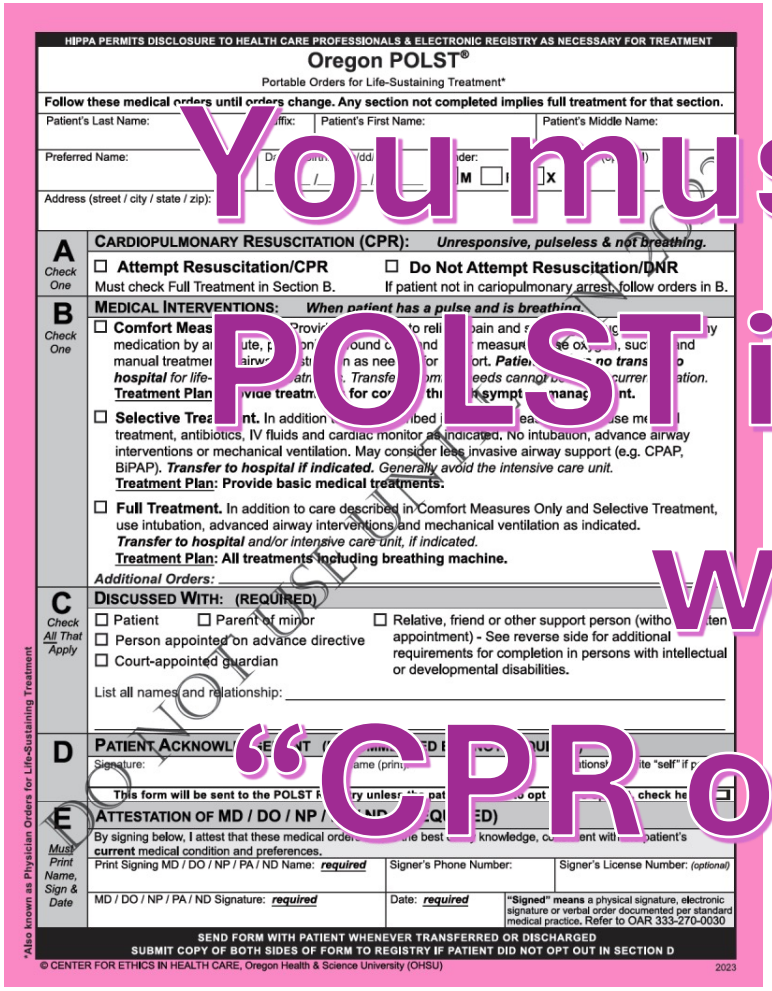
Print Signing MD / DO / NP / PA / ND Name: ***required*** | Signer's Phone Number: | Signer's License Number: *(optional)*

MD / DO / NP / PA / ND Signature: ***required*** | Date: ***required*** | **"Signed" means** a physical signature, electronic signature or verbal order documented per standard medical practice. Refer to OAR 333-270-0030

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED
SUBMIT COPY OF BOTH SIDES OF FORM TO REGISTRY IF PATIENT DID NOT OPT OUT IN SECTION D

*Also known as Physician Orders for Life-Sustaining Treatment

A Preemptive Medical Order Outlining Specific Choices



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Preferred Name: | Date of Birth: | Gender: M ☐ F ☐ X ☐

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☐ **Comfort Meas** — Provi… to reli… pain and s… ic… y medication by a… ute, p… on… ound c… nd … measur… se ox… , suc… nd manual treatmer… airw… tr… n as nee… or … ort. ***Patie… no trans… o hospital*** *for life-… atn… . Transfe… om… eeds cannot … curren… ation.* **Treatment Plan** … vide treatm… for co… th… sympt… manag… nt.

☐ **Selective Trea… nt.** In addition … ibed i… ea… se me… treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advance airway interventions or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). ***Transfer to hospital if indicated.*** *Generally avoid the intensive care unit.*
Treatment Plan: Provide basic medical treatments.

☐ **Full Treatment.** In addition to care described in Comfort Measures Only and Selective Treatment, use intubation, advanced airway interventions and mechanical ventilation as indicated.
Transfer to hospital *and/or intensive care unit, if indicated.*
Treatment Plan: All treatments including breathing machine.

Additional Orders:

C Check All That Apply — **DISCUSSED WITH: (REQUIRED)**

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☐ Person appointed on advance directive
☐ Court-appointed guardian

List all names and relationship:

D — **PATIENT ACKNOWL… E… NT (… …ED …QUI… ED)**

Signature: … ame (print… …tions… …ite "self" if p…

This form will be sent to the POLST R… …ry unless… …pat… …o opt … check he… ☐

E Must Print Name, Sign & Date — **ATTESTATION OF MD / DO / NP / … ND … QUI… ED)**

By signing below, I attest that these medical orders … the best … knowledge, c… ent with … patient's **current** medical condition and preferences.

Print Signing MD / DO / NP / PA / ND Name: ***required***	Signer's Phone Number:	Signer's License Number: *(optional)*
MD / DO / NP / PA / ND Signature: ***required***	Date: ***required***	**"Signed" means** a physical signature, electronic signature or verbal order documented per standard medical practice. Refer to OAR 333-270-0030

*Also known as Physician Orders for Life-Sustaining Treatment

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED
SUBMIT COPY OF BOTH SIDES OF FORM TO REGISTRY IF PATIENT DID NOT OPT OUT IN SECTION D

 2023

You must complete a POLST if You Wish to withhold "CPR or Intubation"

A. Cardiopulmonary Resuscitation (CPR)

❑Attempt Resuscitation/CPR → Do it

❑Do Not Attempt Resuscitation/DNR → Do not do it

B. Medical Interventions

❑Comfort Measures Only

Symptom management for comfort, … hospital care

❑Selective Treatment

Basic medical treatments, including … hospital care

❑Full Treatment

All treatments available

	Advance Directive Planning Oriented	POLST Action Oriented
Who is it for?	Anyone 18 and older	People who are old and/or frail and/or seriously ill AND who may NOT want all possible treatments
What kind of document is it?	Legal document	Medical order
Who signs it?	You, your health care representative (HCR), and either 2 witnesses or a Notary Public	Your health care provider (doctors, etc.), with you input
Do I need a lawyer?	No	No
Who keeps the form?	You, your HCR, and your providers	You, your providers, and in the electronic Oregon POLST registry
Can I change the form if I change my mind?	Yes	Yes
What if there is a medical emergency and I cannot speak for myself?	Your HCR* speaks for you and honors your wishes	Your Medical care team obtains the order and follows it
Can surrogates create and/or sign the form?	NO!	Yes, with a health care provider

Common Scenarios

Advanced Cancer

Jose has advanced cancer and is on palliative chemotherapy which is not curative but may extend his life.

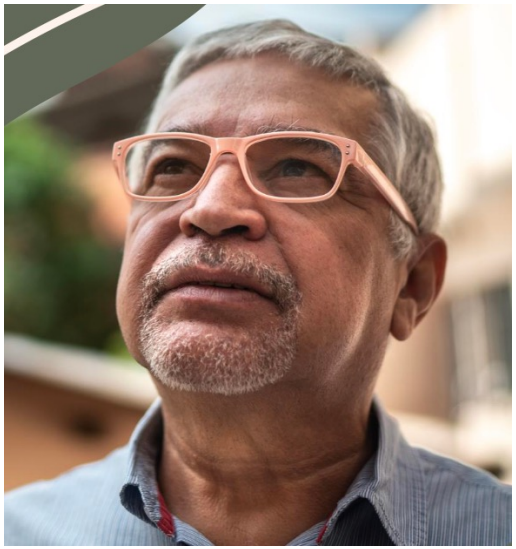
He was hospitalized twice, due to severe infections related to chemo.

He has no appetite, is weak and is sleeping more.

Think about your Goals, Values, Preferences, and Priorities

- ***Would you withdraw from chemo?***
- ***Would you withhold CPR?***

Jose, Age 68



Joanne, Age 88

Advanced Heart Disease

Joanne has been in and out of the hospital over the past 6 months, due to heart failure. Most recently, she was admitted to an Intensive Care Unit and required intubation. She was discharged to a Skilled Nursing Facility but does not appear to be improving back to her baseline and is confused off and on.

Think about your Goals, Values, Preferences, and Priorities

- ***Would you withdraw, and from which treatment?***
- ***Would you withhold intubation or CPR?***

End Stage Renal Disease on Dialysis

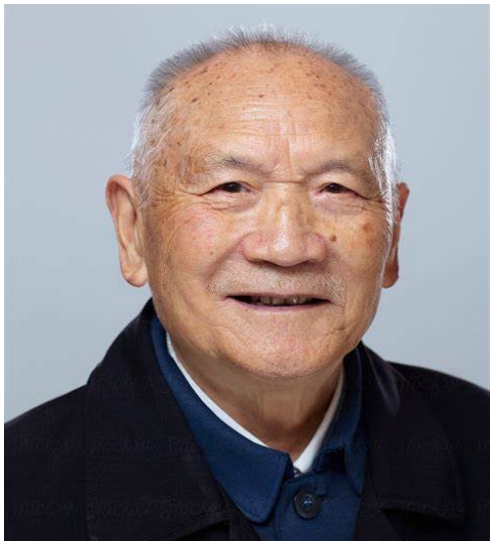
Wei has been on dialysis for 10 years but recently has not tolerated it well.

He has been in and out of the hospital several times, due to dialysis complications.

Think about your Goals, Values, Preferences, and Priorities

- ***Would you withdraw from dialysis?***
- ***Would you withhold CPR?***
- ***Note: if you stop dialysis, he is likely to die in 7-9 days.***

Wei , Age 82



June, Age 76

Severe Stroke

June suffered a severe stroke and is now unable to swallow safely, unable to communicate, and unable to take care of herself.

Think about your Goals, Values, Preferences, and Priorities

- ***Would you withhold any treatments?***

Advanced Dementia

George has had Alzheimer's dementia for over 8 years.

He does not recognize his family most of the time.

He has been in memory care for the past 2 years.

He is losing weight, has difficulty swallowing, has had aspiration pneumonia several times, and has now been admitted to the hospital again.

Think about your Goals, Values, Preferences, and Priorities

- ***Would you withhold any treatments?***

George, Age 78

Permanently Unconscious

Martha was in an auto accident and has been unconscious ever since.

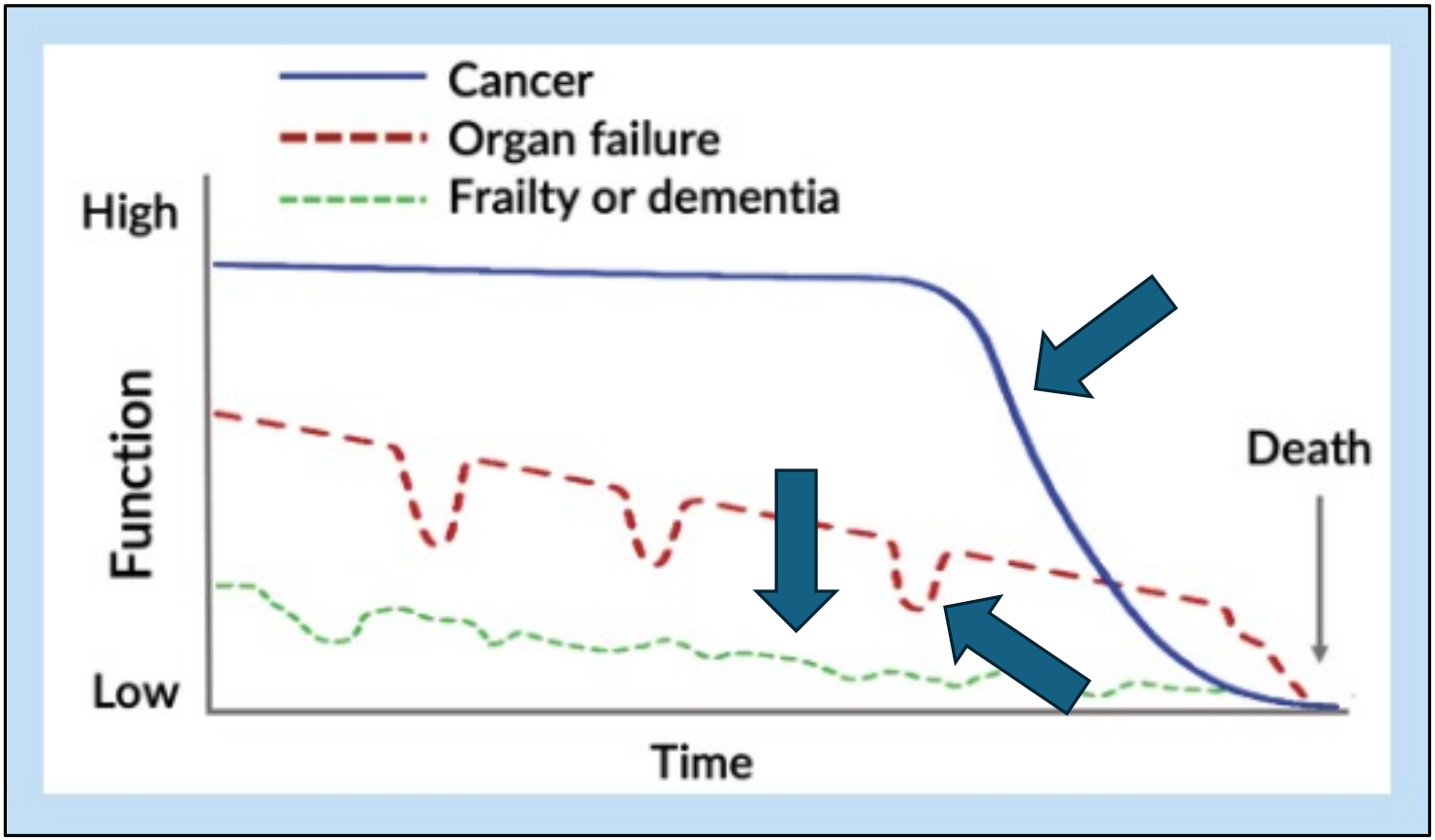
Her doctors have determined that she is in a ***persistent vegetative state*** and that it is highly unlikely that she will ever again meaningfully interact with others or be able to care for herself.

Think about your Goals, Values, Preferences, and Priorities

- ***Would you withhold or withdraw any treatments?***

Martha, Age 58

At Which Point Would You Consider Withdrawing or Withholding Your Treatments?



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Living Well at the End of Life: Adapting Health Care to Serious Chronic Illness in Old Age, J. Lynn and D. Adamson

- Withholding treatment: Choosing not to start a life-sustaining intervention.
- Withdrawing treatment: Stopping a treatment that is already in place.
- Withholding and withdrawing treatments are ethically and legally the same.
- These decisions allow natural death while prioritizing comfort and dignity.