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MEDICAL INTERVENTIONS: A PATIENT'S RIGHT TO CHOOSE



Every person deserves the right to make decisions about their healthcare. When faced with a serious illness, sometimes there are decisions that need to be made about different types of medical interventions. The person's healthcare team should educate them about the benefits and risks of any interventions that may become necessary or advisable.

As life changes, so may a person's medical intervention choices. What is "right" for a person when they are younger may change as they get older. Their decision is very personal; unique to them as an individual, their personal goals and values, and their religious or spiritual beliefs.

This information is about some of the medical interventions used today to sustain or prolong life. It's important that a person's wishes be known regarding their medical care, and the measures they would want taken to either sustain their life, or discontinue life-saving care, in the event they are unable to make these decisions themselves.

There are many types of medical interventions and each should be considered carefully. They can range from antibiotics to fight infection, different types of pain control, hydration and nutrition, to mechanical interventions such as CPR or artificial ventilation, and dialysis.

If a person's decision is to discontinue life-saving care, it's important to understand that pain control and comfort care can still be administered. Doctors today can combine medications with other comfort measures to relieve discomfort, reduce suffering, and improve quality of life.

The medical interventions available today are because of advancements in medicine. While they are miracles of science and technology, they don't come with a guarantee that they will improve, sustain or prolong a person's life.

Please note that the information contained herein is for informational purposes ONLY and is not intended in any way to substitute or replace discussions about medical interventions between you and your health care provider.



Antibiotics

Antibiotics are medications used to fight infections caused by bacteria. They can lessen side effects caused by infection like fever, chills, and body aches, which will often result in an improved comfort level for the person.

While a person's comfort level can be improved, sometimes uncomfortable side effects can happen. These can include constipation, nausea, indigestion, stomach cramping and/or vomiting, diarrhea, bloating or loss of appetite. More serious side effects can cause allergic reactions that range from mild rashes and itching to serious skin reactions, swelling of the face and throat, and/or breathing problems.

A person can also develop an antibiotic resistance where there is a risk of the bacteria being treated to become resistant to the antibiotic. These infections can be serious and difficult to treat.

Pain Control

There are many types of medications and therapies that can be used to manage a person's pain. Oral medications, as well as medications delivered through an injection or an implanted intravenous device can provide both short- and long-term pain control.

While they can provide relief from pain, there can be side effects with these types of medications. Some can cause adverse reactions that include constipation, nausea and vomiting, drowsiness or sedation. Sometimes a person may experience itching or uncontrolled jerking or respiratory depression.

For a person who is sedated, it can affect their ability to function or communicate effectively with their caregivers, family or support system.

When doctors prescribe pain medication, the type used will depend on the severity of the pain, where it is located, and the cause. Your provider will often recommend additional integrative therapies to be used in conjunction with medication. Integrative therapies such as acupuncture, massage therapy, manual lymphatic drainage can help to reduce pain and provide relief from some of the side effects a person may experience. Other types of relaxation therapies can reduce a person's stress level.

Integrative and relaxation therapies can also help caregivers cope with the stress they can experience caring for a person with a debilitating or life-limiting disease.

Artificial Nutrition

Artificial nutrition and hydration methods can be administered when a person is not able to take in nutrition by mouth in amounts sufficient to sustain life. This can allow a person's life to be prolonged.

Nutrition and hydration can be given through intravenous (IV) administration or by putting a feeding tube in the stomach.

A person receiving artificial nutrition and hydration will not experience the same comfort that comes from the smell, taste and texture of food and liquids.

Doctors can administer artificial nutrition and hydration for a short period of time. Total Parenteral Nutrition (TPN) delivers a mix of nutrients and fluids into a vein. This can be done temporarily to support a person, giving time to correct the cause of their inability to eat or drink.

However, for a person with a serious, life-limiting illness, who is no longer able to eat or drink, insufficient nutrition or hydration can exist because the body is beginning to stop functioning normally. Administering artificial nutrition and hydration at that point will not bring a person in such condition back to a healthy state.

If a person doesn't recover the ability to take in nutrition and hydration on their own, long-term nutrition and hydration can be given through a "feeding tube". The tube that is inserted into the digestive tract through the mouth, nose or abdomen can permanently sustain nutritional needs.

Sometimes, tube feeding can cause aspiration. Fluid can aspirate (flow back) into the lungs. When this happens, it can lead to pneumonia. It can also cause an irritation and discomfort of the throat, esophagus, or stomach.

Fluids that are delivered intravenously can increase secretions in the lungs which makes breathing more difficult and requires more frequent suctioning. It can also cause increased congestion in other parts of the body such as around tumors and organs. This can cause pain and increase urine production.

The tube itself can be uncomfortable, whether placed through the mouth, nose or the abdominal wall. For a person with confusion, physical or chemical restraints may be required to avoid self-harm from pulling the tube.

It is important for the person and their caregivers to understand that when a person's body is beginning to shut down, it is because of the disease or dying process and not because they did not receive adequate nutrition and hydration. When this happens, a person can still receive comfort care by treating dry lips and mouth.

Breathing Interventions

Cardiopulmonary Resuscitation

When a person's heart stops beating, Cardiopulmonary Resuscitation (CPR,) an emergency, life-saving procedure can be performed. This can keep blood flow active, doubling, or tripling chances of survival after cardiac arrest.

Early CPR involves hard and rapid chest compressions. A person may also be intubated, where a breathing tube is placed through the nose or mouth which can help to get air into the lungs. Other advanced CPR measures include injections into the chest or defibrillation, using electrical stimulation to the heart with an automated external defibrillator (AED), to start it beating again.

A person who receives CPR can have complications that include broken ribs, collapsed lung(s), the need for mechanical/artificial ventilation in an intensive care unit, or decreased brain functioning caused by lack of oxygen to the brain.

Artificial Ventilation

Artificial ventilation, which is also called artificial respiration, can assist in or replace spontaneous breathing. There are different types of artificial ventilation.

“Invasive” ventilation involves placing an instrument inside the trachea through the mouth, such as an endotracheal tube or the skin, such as a tracheostomy tube. For a person who is conscious “Non-Invasive” ventilation can be done with the use of face or nasal masks.

A person who receives invasive ventilation is intubated by having a tube inserted through their mouth or nose, down the windpipe, and into the lungs. The tube is then connected to a ventilator or breathing machine which can support breathing artificially.

The use of a ventilator interferes with a person's communication, their mobility, nutrition and time with their loved ones. Breathing tubes are uncomfortable and can cause throat irritation and coughing, and the need for secretions to be suctioned from their airway. Some people experience fear or sleeplessness when they are intubated. Doctors can prescribe sedation medications to comfort them while they are intubated.

A person can become ventilator dependent and may never be able to resume breathing on their own.

Do Not Resuscitate

If a person does not want to be resuscitated, it is necessary to have a signed Do Not Resuscitate (DNR) order on file. This order instructs healthcare providers not to perform CPR in the event that a person's heart or breathing stops or when there is a lack of cerebral activity.

The DNR is for resuscitation that includes, but is not limited to, CPR, cardiac compressions, defibrillation, and artificial ventilation.

Arizona Revised Statutes § 36-3251 states that a valid DNR must be on letter or wallet-sized paper, and on an orange background.

Dialysis

People undergoing cancer treatment may need to be put on dialysis, which uses a machine to remove excess waste and fluid from the blood. Some chemotherapy drugs and biologic therapies that are used to treat cancer can cause kidney damage. The treatments can cause acute renal failure (renal dysfunction) resulting in damage to the blood vessels or structures of a person's kidneys. The damage impairs the kidneys' ability to perform their vital function of filtering out the waste in a person's blood. The damage can also cause an inability for the kidneys to maintain the proper balance of minerals, such as potassium, sodium, and calcium as well as water levels in a person's blood.

For cancer patients, the most common cause of acute renal failure is caused when kidney cells are damaged from chemotherapy drugs or biologic therapies.

Sometimes, oncologists can prescribe drugs to help prevent kidney toxicity caused by certain types of cancer treatments. They may also prescribe diuretics to increase the amount of water a person excretes in their urine, or a drug to lower the amount of potassium in the blood. They may also suggest diet modifications.

The dialysis process can greatly impact a person's quality of life. Depending on the type of dialysis, it may be done in a dialysis treatment center where a patient would need to schedule an appointment and would need to travel to the center for their treatments. Other times dialysis can be done at home. Both types require a significant amount of time for the actual treatment process. A person on dialysis may also need to follow a special eating plan.

When carefully managed, sometimes kidney damage can be reversed when the chemotherapy drugs/biologic therapies are stopped. Frequently however, kidney dysfunction is seen during the final stages of cancer and may not be reversed.

As part of making their wishes known, a patient may request that dialysis treatments be discontinued if they lapse into a coma with little chance of waking. The patient's healthcare advocate/power of attorney for healthcare may also make that request after a patient has become comatose. A terminally ill cancer patient has the right to request that dialysis not be done at all.

Considerations for medical interventions should always be reviewed when there is a change in a person's medical condition. Any decisions that are made may be changed or withdrawn at any time.

When faced with making decisions regarding medical intervention, it may be helpful to consider the following questions:

What are my goals for the medical interventions I choose and what do I hope that the treatments will accomplish?

Have the benefits and risks of the medical interventions been explained fully to me, and do I understand what my choices are?

Would I want strong pain medications to be administered if it would best control my pain but diminish my ability for clear thinking and effective communication with my healthcare team, family, friends and caregivers?

After reviewing the information included in this brochure, our palliative nurse practitioner is available to meet with you to answer any additional questions and address any concerns you may have.



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