

MEDICAL DECISION MAKING FACT SHEET



DESCRIPTION

Medical decision-making involves facing sometimes difficult choices regarding an individual's medical treatment due to advanced age, accident, or a chronic or degenerative health condition.

Christians approach medical decisions with a clear understanding that God owns human life, and we are stewards of it on his behalf. We make decisions to care for and protect life as caretakers of this precious commodity belonging to God (1 Corinthians 6:19). The following information provides an overview of choices from a faith-perspective by approaching end-of-life care and decision-making from a Christ-centered frame of mind.

RELATED TERMS

“DNR Order”; “Pulling the Plug”; “; “Nutrition and Hydration”; “Artificial Nutrition and Hydration”; “Food and Fluids”; “On a Machine” – in reference to being placed on a ventilator; “No Code” – in reference to a DNR Order; “Dying Process”; “Imminent Death”; “Terminal Illness”; “Terminal Condition”



END-OF-LIFE MEDICAL TREATMENT TERMS/CONSIDERATIONS/DECISIONS

Autonomy: The capacity to decide for oneself and pursue a course of action in one's life, often regardless of any particular moral content.

Brain Death: The "official" definition used to describe the cessation of all measurable brain activity in both the cerebral cortex and brain stem of a patient. The term is sometimes wrongly used to describe a lack of measurable activity in the cerebral cortex, even though the brain stem shows activity.

Christian Bioethics: Only ethical construct in which motive is the first determinant of right or wrong decisions. Before it asks, "What should I do?" it requires a self-examination by asking the question, "Why should I do it?" and compares that reasoning with God's Word.

Contraindication: Opposite of "indication" in that there is a health care reason to withhold or withdraw treatment.

CPR (Cardiopulmonary Resuscitation): Effort to rapidly compress the chest to "pump" the heart for the expressed purpose of providing a continuous flow of oxygen in the body. Administering CPR is not intended to restart a stopped heart.

Do-Not-Resuscitate (DNR) Order: Medical order written and signed by a physician instructing health care providers not to perform cardiopulmonary resuscitation (CPR) if a patient's breathing stops or if the patient's heart stops beating.

Ethic, Quality-of-Life: Subjective term that evaluates a person's happiness and level of satisfaction in life (opposite of "Sanctity of Life Ethic"). Sometimes referred to as a "Qualitative View of Life."

Ethic, Sanctity-of-Life: Biblical teaching stating, since human life was created in God's image, every human being from conception to natural death is sacred, possessing inherent dignity and worth. The "Sanctity of Life Ethic" calls for Christians to respect, value, and protect all human life. Sometimes referred to as "Quantitative View of Life."

Futility: Term used to describe medical treatment that is no longer able to do what it is supposed to do. For example, consuming food orally or by mechanical means is supposed to sustain life. It requires the body to be able to process the food. If, however, the body cannot process food for whatever reason, then eating would be futile. Futility does NOT refer to a treatment that fails to do other things it never was intended to do. In other words, eating does not cure, or heal, or reverse the damage. It sustains health. Some people confuse life-sustaining treatment as “futile” because, while it actually sustains life, it does not improve or heal life. Such treatment is NOT futile, because it is doing what it is supposed to do.

Hospice Care: Program model delivering care to individuals who are in the final stages of a terminal illness. The goal of hospice care changes from cure to comfort for patients in their last six months of life. Hospice includes support for the patient’s family while the patient is dying, as well as support to the family during their bereavement.

Imminent Death: Pattern of symptoms and signs in the days prior to death. Death is considered “imminent” when it is reasonable to assume death will occur within a few days.

Intubation: Process of inserting a tube, called an endotracheal tube (ET), through the mouth and then into the airway. Intubation is done so that a patient can be placed on a ventilator to assist with breathing during anesthesia, sedation, or severe illness.

Life Support (or, “Life-Sustaining Treatment”): Combination of medication and machines that replace or support a failing bodily function. Life support is intended to be temporary until the illness or disease is stabilized and the body resumes normal function. Some patients’ ability to regain function is never restored without life support.

Motive: The primary guide in making difficult end-of-life decisions, reflecting one’s faith in attitude and actions. A Christian seeks to preserve life yet does not fear the prospect of death.

Palliative Care: Specialized care for people living with a serious illness, focusing on providing relief from the symptoms, side effects, and stress of the illness. This type of care is based on the patient’s needs, not on the patient’s prognosis. It is NOT only used when the prognosis is death. A patient can receive palliative care at any stage of the illness and can pursue curative treatment.

Palliative Sedation: The intentional drug-induced method of sedating a patient so that he or she loses most or all awareness for the purpose of alleviating suffering. Palliative sedation is considered a method of last resort and can result in the unintentional cause of death.

Prognosis: The likely course or outcome of a disease or condition.

Resuscitation, Full: Full resuscitation efforts involving aggressive combinations of cardiopulmonary resuscitation using CPR (the rapid compression of the chest to “pump” the heart for the continued flow of oxygen in the body) and defibrillation (an electrical shock applied to restart a heart).

Resuscitation: An effort to revive someone from unconsciousness or near death. Its most typical application is as a medical order placed in one’s medical chart or as an instruction provided in a medical directive statement.

Terminal Sedation: The act of administering pain-relieving medication for the specific and intentional purpose of shortening life. Terminal sedation is practiced when a patient is drugged into unconsciousness (palliative sedation) and intentionally medicated into a deeper state with the purpose of causing the end of life.

Tube Feeding: The act of administering nutrition in an artificial or mechanical manner when a person has trouble eating in a typical fashion and cannot get proper nutrition. The most common types of feeding tubes are the gastrostomy tube (or, “gastric tube” or “G-tube”) which is inserted into the stomach through the abdomen; and, the nasogastric tube (“NG-tube”) which is inserted through the nasal cavity and fed into the stomach.

Ventilator: Machine that helps a person breathe when normal breathing is compromised by illness or accident. A person placed on a ventilator needs a tube placed down the throat (intubation) or through a hole in the throat (tracheotomy).

MAKING ONE'S END-OF-LIFE WISHES KNOWN TO CLOSE FAMILY OR LOVED ONES

“Getting one’s affairs in order” should not wait until a person is approaching death. An advance care planning process articulates and clarifies one’s values, beliefs, and preferences for future medical care. It offers family and friends peace of mind knowing what is wanted when a loved one is still able to communicate those wishes – in other words, plan now for your care in the future.

Begin with a “family meeting” (or several meetings) which might include a general understanding of one’s financial matters, details on funeral arrangements or burial wishes, and the location of pertinent papers such as one’s will or trust. It is especially important to inform family/loved ones about desired medical treatment preferences in the event of a life-threatening illness or injury. This discussion can lead to the completion of a medical directive statement. The best time to create this type of document is before one is needed.

Christian Life Resources strongly advises completing and signing CLR’s *Power of Attorney for Health Care – Christian Version* medical directive. It documents choices about the type of treatments one wants – or doesn’t want – in the event of incapacity, allows the person to appoint someone as a “health care agent” to make medical care decisions when those wishes cannot be communicated on one’s own, and serves as an important Christian witness tool by providing clear and God-pleasing direction for such care within a state-recognized document.

Our FREE downloadable Christian medical directive statement is available here: christianliferesources.com/resources/christian-medical-directives