

# 'BURDENSOME' TREATMENTS

- Urinary catheterisation
- Antibiotics
- Artificial nutrition and hydration
- Artificial ventilation
- Cardiopulmonary resuscitation
- Renal dialysis
- Surgery
- Blood products

# REMEMBER

- As long as you have mental capacity and the physical ability to communicate, you can refuse these treatments, or request them at any time.
- Your ACP is for when you can't speak for yourself

# URINARY CATHETERISATION



# URINARY CATHETERISATION

## What?

- Insertion of a silicone tube into the bladder via the urethra or through abdominal wall to drain urine
- Drains into bag, or via valve. Can be very discreet

## Why?

- Comfort – to avoid indignity and disruption of using pans/pads et
- Comfort – to avoid pain of urinary retention
- Practical - to enable accurate measurement of urine output
- Practical – to reduce care needs

## Why not?

- Discomfort/spasm, increased risk of infection, aesthetic reasons

# ANTIBIOTICS



# ANTIBIOTICS

## What?

- Tablets, powders, creams, syrups, injections to prevent or treat infection

## Why?

- Comfort – eg: to avoid discomfort of a urinary or wound infection
- Comfort – eg: to treat diarrhoea
- Life extending – almost any infection can lead to septicaemia and death
- Aesthetics – to reduce odours from infected wound

## Why not?

- Side effects – diarrhoea, nausea, thrush
- Intravenous antibiotics might require hospital admission
- ?delaying the inevitable and prolonging suffering? Pneumonia 'old man's friend'

# ARTIFICIAL NUTRITION (VIA TUBE INTO STOMACH)





# ARTIFICIAL NUTRITION (VIA TUBE INTO STOMACH)

## What?

- Feeding via a silicone tube into the stomach via the nose, mouth or through abdominal wall
- Can often still also take some food/drink by mouth

## Why?

- Comfort – ?to avoid discomforts associated with weight loss and dehydration
- Comfort – ?to avoid pain of hunger
- Practical – ?to reduce care needs (compared with hand feeding)
- Life extending – in some circumstances – eg: swallowing difficulties due to obstruction. A route to give meds

# ARTIFICIAL NUTRITION (VIA TUBE INTO STOMACH)

## Why not?

- Requires hospital admission to insert tube and check placement (x-ray)
- Need to be able to tolerate the procedure
- Risks of bleeding and infection
- May increase care needs
- Ineffective in advanced cancer
- Increased risk of aspiration pneumonia
- Risk of wound infection
- Discomfort of permanent tube

# ARTIFICIAL NUTRITION (intravenous)

## What?

- Feeding via a tube into a central vein
- Can often still also take some food/drink by mouth

## Why?

- Comfort – ?to avoid discomfort associated with weight loss
- Practical – ?to reduce care needs (compared with hand feeding)
- Life extending – in case of people who cannot absorb nutrients through gut
- Maintain life in people expected to recover (ITU etc)

# ARTIFICIAL NUTRITION (intravenous)

## Why not?

- Very expensive
- High risk of infection
- Complex blood monitoring required
- Hospital admission required

# ARTIFICIAL HYDRATION (VIA TUBE INTO STOMACH)

## What?

- Fluid via a silicone tube into the stomach via the nose, mouth or through abdominal wall

## Why?

- Comfort – eg: to avoid discomfort of thirst and dehydration
- Route for medication

# ARTIFICIAL HYDRATION (VIA TUBE INTO STOMACH)

## Why not?

- Easier alternatives for hydration
- Fluid imbalance (especially in advanced disease) – fluid in lungs and tissues

# ARTIFICIAL HYDRATION (VIA 'DRIP')



# ARTIFICIAL HYDRATION (VIA 'DRIP')

## What?

- Fluid via a tube into a vein

## Why?

- Comfort – to avoid discomfort of thirst and dehydration
- To minimise effects of high blood calcium (can be spectacularly effective)
- May provide confirmation that patient's decline is NOT due to dehydration or high calcium

## Why not?

- Not often offered at home
- Easier alternatives for hydration
- Fluid imbalance (especially in advanced disease) – fluid in lungs and tissues



# ARTIFICIAL HYDRATION (subcutaneously)

## What?

- Fluid via a tube into subcutaneous tissue
- Can be managed at home

## Why?

- Comfort – to avoid discomfort of thirst and dehydration

## Why not?

- Fluid imbalance (especially in advanced disease) – fluid in lungs and tissues
- Pain around infusion area

# RENAL DIALYSIS



# RENAL DIALYSIS

## What?

- Haemodialysis - Blood is passed through a membrane in a dialysis machine and back into body
- Peritoneal dialysis – fluid poured into abdominal space and then drained off into a bag
- To remove substances usually eliminated via the kidneys in urine

## Why?

- Life-saving for people in advanced renal failure.
- Death within weeks without dialysis
- Many people who are otherwise well, live comparatively normal lives

# RENAL DIALYSIS

- **Why not?**
- ?Sort term HD requires hospital admission.
- HD – attached to machine for at least 3 days a week
- Operation required for access to blood stream to do HD
- PD – significant care need, need for storage and disposal of large amounts of fluid

# ARTIFICIAL VENTILATION



**Positive Pressure Ventilation**  
PRESSURE A/C (Completely  
automated breathing)



# ARTIFICIAL VENTILATION

## What?

- Augments or replaces natural breathing, via tube into lungs, or airtight mask, attached to a machine

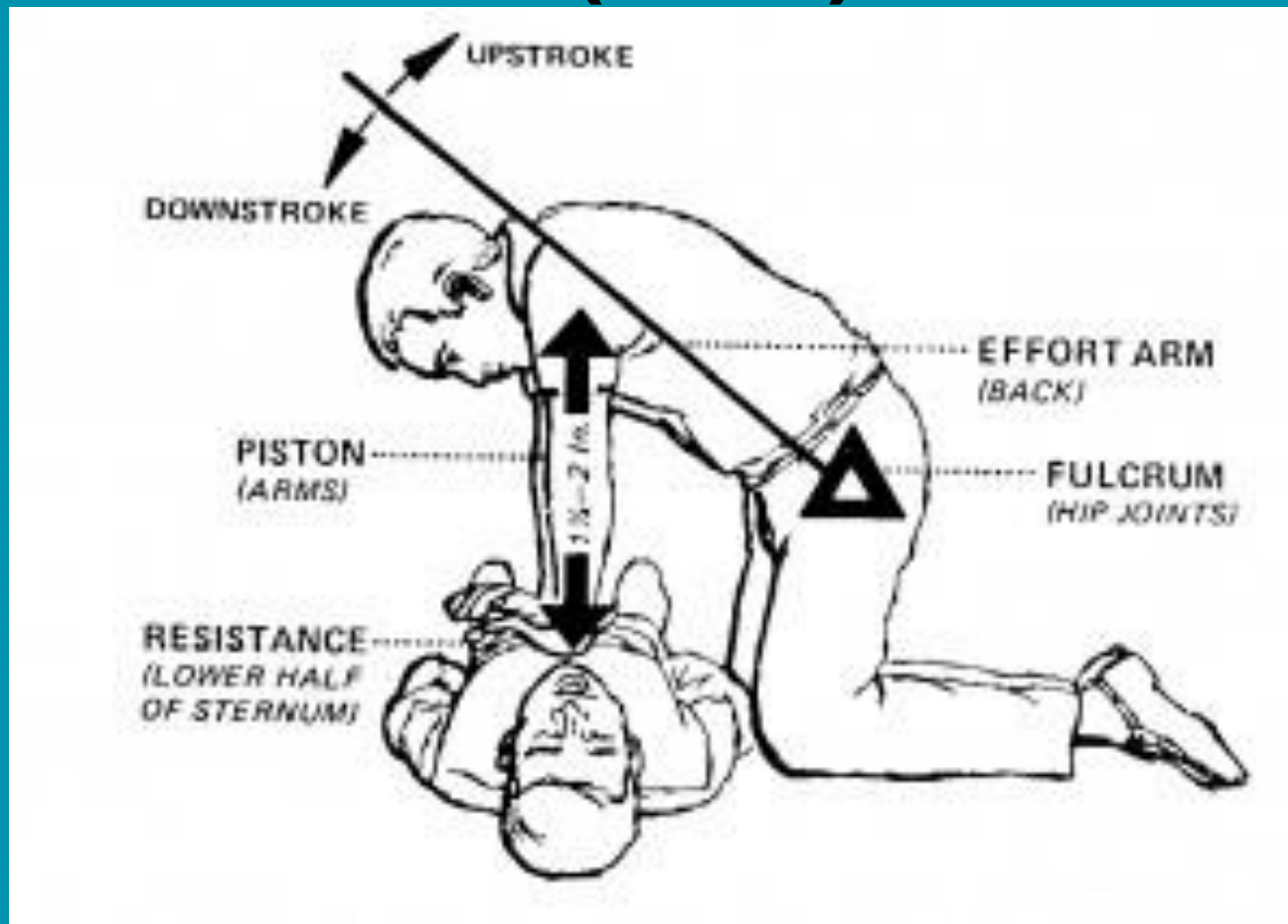
## Why?

- Comfort – can improve sleep, increase energy levels, prevent headache etc
- Life prolonging – to keep body alive while underlying problems addressed (eg: ITU patient, head injury, during operation, during exacerbation of chest infection)

## Why not?

- Usually requires hospital admission to set up
- Risk of infection
- Increases care needs

# CARDIOPULMONARY RESUSCITATION (CPR)



# CARDIOPULMONARY RESUSCITATION (CPR)

## What?

- Chest compressions and artificial ventilation to maintain oxygenation of organs while underlying cause of collapse is determined and (if possible) reversed
- May also include defibrillation

## Why?

- Life-prolonging – if underlying cause is reversible and circulation can be re-established quickly. (CPR cannot be continued effectively for very long)



# CARDIOPULMONARY RESUSCITATION (CPR)

## Why not?

- Ineffective in advanced disease (?<10% success rate even in hospital setting on patient not recognised as dying)
- ?Loss of dignity
- ?Distressing for relatives (and offers false hope)
- Possibility of survival in poorer state (brain damage, rib fractures etc)
- Removes chance of peaceful death

# SURGERY



# SURGERY

## What?

- Huge range of treatments - ?Definition

## Why?

- Potentially life prolonging in all sorts of circumstances (eg: to drain a subdural haematoma)
- Promotes comfort in many circumstances, too. Eg: hard to control pain from an unstable fracture. ?to relieve obstruction temporarily at end of life
- May preserve independence by preserving mobility (eg: hip replacement for fracture)

## Why not?

- Risks of anaesthetic, infection, bleeding etc – may shorten rather than prolong life
- Requires admission to hospital – possibly prolonged

# BLOOD PRODUCTS

## What?

- Red cells or platelets given as an intravenous infusion

## Why?

- Life saving in some circumstances (eg: haemorrhage, ITP, low counts after chemotherapy)
- Red cells may help with symptoms such as breathlessness, fatigue, etc
- Platelets may prevent/control distressing bleeding



© Getty Images

# BLOOD PRODUCTS

## Why not?

- Usually requires hospital admission (might not)
- Requires intravenous access
- Eventually becomes less and less effective

Other??