

# On Death IX

**The DNR decision may be taken away from the patient, in certain circumstances, even possibly against their wishes.**

“Code blue” is heard in the hospital and Doctors, nurses, respiratory therapists and others race to the bedside. They work feverishly to treat a patient who is near dying; mere seconds count. Unlike what you see on TV where miracle resuscitations are routine, most “codes” fail. Electric shock only works on a patient who is having a serious life threatening arrhythmia in their heart, they do not “jump start” the heart. Once the monitor has “flat lined” nothing can be done. If a patient is in the Operating Room or in Intensive Care, they stand a much better chance of being resuscitated, because the technology is already in place. During the “code” CPR is performed; a nurse jumps up on the patient and starts pumping on their chest; unlike TV it is never a pretty sight. The advanced directive will ask you for your “code status” – do you want CPR and other invasive procedures at bedside, even if they have little chance of resuscitating you? This again is a very personal choice but essential in giving direction to the medical staff. At admission to the hospital you are given the choice to accept or reject a full code, and you can change your status at any time. If you are generally healthy it makes sense to elect for full treatment; but if you are moving toward the end of life, and have one or more serious underlying illnesses, does it make sense to “code” such a patient? If you call 911 all bets are off, even if you have an advanced directive the paramedics will treat as indicated on the heart monitor regardless of your wishes. This becomes an issue when a patient enters into Hospice. Hospice means a patient has elected to avoid heroics and to concentrate on quality of life and pain management, but if a well-meaning person calls 911, they will attempt resuscitation. It’s the law.

**IHM Pray for us.**

*Fr. Jerry*