

## Medical Care at the End-of-Life

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In the first half of the 20th century, most people died as a result of an accident or a contracted disease or due to a lethal physical disorder. Life-saving medical interventions such as sophisticated resuscitation, complicated surgeries, ventilators, feeding tubes and other life-support were rarely used or even available. Today emphasis needs to be in treating medical problems, however sometimes recognizing end of life care with comfort and dignity may a more appropriate intervention.

For all Americans there continues to be great fear of death and the pain and disability associated with it. Families of the very sick, who are near the end-of-life, will frequently go to great lengths to try interventions that may be ineffective in prolonging life. Estimates are that about 30% of Medicare reimbursements are spent on people in the last year of their life. It is a fact that much of this medical care does little to prevent death and prolong life.

Some people are content to leave decisions regarding their end of life care in the hands of others. However, by doing so, their families may be burdened with life making decisions without important information provided. This may lead to unnecessary and futile treatments. Families are often forced to make decisions about life-support and treatment without knowing whether their loved one would have wanted these interventions. Medical providers have come up against this situation many times and as a result there are written guidelines for the medical community dealing with end-of-life issues.

Long life with health is everyone's dream. Dying without suffering is everyone's hope. We strive for a quality to our living and our lives. We hope for and need to assure a quality in our dying.

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