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YORK, PENNSYLVANIA

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Greeting:

Following discussions of the Nancy Cruzan Supreme Court decision, some points come to mind:

- 1] The self-explanatory letters on reverse are somewhat pertinent.
- 2] I can't imagine anyone really believing that food and water are the same as "medical treatment".
- 3] I've heard but one mention of the fact that the feeding tube(s) was originally attached for feeding convenience -- not as a necessity.
- 4] And perhaps most significant -- in this and similar cases I detect an undercurrent of S.Y.A. (cover your butt) on the part of family members and caregivers. Turning back to the situation described in the letters on reverse, should my wife have a second stroke and I do not call medical help, I suppose I'll be criticized -- possibly even prosecuted. So be it.

Any or all of the above may help clarify the policies which come out of the ongoing debate.

Fiat lux,

No interference wanted

"NO CPR" is engraved on the Medic Alert bracelet which I wear on my wrist 24 hours each day. Medical personnel know — or should know — what this means: I am not to be given cardiopulmonary resuscitation.

In addition, my doctor and my hospital hold my signed statements in which I direct that no "heroic measures" are to be taken to revive me.

And my husband, other family members, and friends have been told of my wishes.

This choice — and it is my own choice — has been made after years of careful consideration. In 1985 I suffered a stroke and two months of "rehabilitation" which left me permanently paralyzed. Almost five years of disabled living have convinced me that, should the good Lord again call me, no one should interfere. I would wish to be made as comfortable as is possible but otherwise there should be no intervention.

However, recent news reports tell of cases in which the victim's clearly stated wishes were ignored. Paramedics, emergency medical technicians, nurses and doctors, either because of ignorance, incompetence, legalities, or perhaps, a desire to make a God-like judgment, have resuscitated patients over the objections and protests of those directly concerned.

But they have not then had to live with the result of their interference.

Such news reports have made me fearful of what further, unwelcome "help" I might suffer at the hands of well-meaning medical personnel. I have therefore informed my husband and others involved that, should I suffer another stroke — or what to a layman even appears to be a stroke — they are not to summon an ambulance or other medical assistance. It's too bad that this remains the only way I can positively ensure that my wishes are honored.

R.N.
York

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Emergency personnel follow law

In response to the April 8, letter "No interference wanted," I would like to present another side of the story.

I have been employed as a paramedic for more than five years and have seen many patients on which cardiopulmonary resuscitation and advanced life support procedures should not have been started. This happened because these individuals and their physicians and families did not prepare adequately.

The minute after a person collapses is no time to start making a decision on whether CPR should be started or not. There are many times when we get to a call for help and find a cancer patient in cardiac arrest. When the family is asked, "What did the patient want done if this occurred?" they reply, "We never discussed it."

We are then obligated to proceed with resuscitation attempts. Recently, however, we are beginning to see letters signed by both the patient and physician stating what should and shouldn't be done if cardiac arrest occurs. Under these circumstances, after consulting with the Emergency Department physician, these requests will be honored.

A handwritten letter that merely states "No heroic measures" is not acceptable. The letter should be from a physician, typed and dated and should state the patient diagnosis and that they do not want to be resuscitated if cardiac arrest occurs.

The physician should state specifically what should or should not be done, example, "No CPR or advance life support procedures." The letter should be signed by both the patient and physician.

One problem would be if the patient collapses while not at home and there are no family members present. A medic alert bracelet engraved with "NO CPR" would not be adequate under the conditions.

In closing, I must say that it is quite unfair for the letter writer to say that emergency personnel are "ignorant, incompetent or have a desire to make God-like judgments." We are doing what is required by law the way it is currently written.

These individuals who do not wish to have CPR or advanced life support measures taken must discuss it with their physician and family to prevent any unwanted treatment.

Tony Dubas
Dover

Law conflicts with patients' wishes

Had my wife, Anita, in her letter of April 8, written, "... emergency (medical) personnel are ignorant, incompetent, or have a desire to make God-like judgments ..." I'd agree; Tony Dubas ("Emergency personnel follow law," April 22) would be justified in charging unfairness. But she gave these as three of four possible reasons for resuscitation in spite of family protests.

Mr. Dubas failed to list the fourth: legalities!

It is clear from the paramedic's statement, "We are doing what is currently required by law the way it is currently written," that legalities are often to blame. Therein lies a difficulty.

He relates having asked, "What did the patient want done if this (cardiac arrest) occurred?" and being told it hadn't been discussed. But what if the family responded, "You're not to resuscitate." According to other parts of his letter, the family would then have to show a typed and dated letter, signed by patient and physician, not only prohibiting CPR but giving a diagnosis. Even after all that, the emergency room physician must be consulted.

A holographic will is accepted without attorney's countersignature, but a patient's decision, engraved upon a steel Medic Alert bracelet must be questioned. Why in the world should one or more physicians be brought into conference when the patient's instructions are clear?

This boils down to what 40 years' experience as a registered nurse taught my wife: If you don't want to wind up with machines forcing your body to seem to function, don't let the medical establishment come close in such situations. Anita's choice might not be my choice, but I plan to honor her wishes. Meanwhile, our legislators have their work cut out for them.

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