



Project GRACE is established through a partnership of physicians, elder care providers and concerned citizens of Florida dedicated to changing the technology-driven approach to end-of-life care to a holistic, compassionate one that respects human dignity and the individual's best interests and personal wishes.

The purpose of Project GRACE is to enlighten and inform the public and medical profession, first in Florida and ultimately nationwide, of the importance of end-of-life planning.

Project Grace provides advance care planning services, free of charge, to anyone who wishes to communicate their future medical treatment decisions.

Please see information attached regarding Medical Interventions:

Antibiotics

CPR

Tube Feeding

Dialysis

Ventilators

www.projectgrace.org

The project has been and continues to be complementary to the goals of the Governor-appointed State of Florida End-of-Life Panel, chaired by Robert Brooks, MD, Secretary of Health for the State of Florida.

What is Advance Care Planning?

Advance care planning is a thoughtful process used to plan for future healthcare choices. It involves personal reflection and discussions with loved ones and healthcare providers. Your plan should include both a Living Will and the designation of a Healthcare Surrogate who can make decisions on your behalf if you're unable to speak for yourself.

The best time to think and talk about future medical decisions is when you are *well*, rather than in a time of medical crisis.

Why should I have an Advance Care Plan?

Advances in medicine and technology have given us the ability to sustain life through artificial or mechanical interventions. In cases where patients are terminally ill with no hope of recovery, these interventions can prolong the dying process and prevent them from experiencing a peaceful, natural death.

By establishing an Advance Care Plan while you are well, you can make sure that your wishes are honored later, should you become unable to speak for yourself.

Does an Advance Care Plan encourage my death?

NO. You are not signing an agreement that says that you wish to die. You are making a choice for the future, about the kind of medical treatment you wish to receive when there is little or no hope for recovery.

Advance Care Planning Helps:

YOU make treatment decisions that can affect your life.

YOUR FAMILY have peace of mind knowing your decisions.

YOUR PHYSICIAN by providing information about the kind of care you want.

How can Project GRACE help me?

Project GRACE provides advance care planning services, free of charge, to anyone who wishes to communicate their future medical treatment decisions. The Project GRACE Advance Directive is used by many hospital systems across the country. It is acceptable to doctors and easily understood by the public. For more information, visit the Project GRACE website www.projectgrace.org or contact our office at 727-536-7364.

Project GRACE is an affiliate of the Suncoast Hospice and supported by grants, sponsorships and community donations through the Suncoast Hospice Foundation.

A gift to Project GRACE will help provide the people you care about the support and resources they need to make informed medical care decisions.

To make a donation, call 727.536.7364

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What You Should Know About Antibiotics

What are antibiotics?

Antibiotics are drugs used to treat infections caused by bacteria. Antibiotics work by killing bacteria and keeping them from multiplying.

What are the benefits?

Antibiotics stop infection from spreading and help the body get well.

They are the best way to treat painful conditions like skin infections, urinary tract infections, and tooth decay.

Pain pills may not work for infections like these, but antibiotics can help ease the soreness they cause.

What are the risks?

Antibiotics may upset your stomach. They may also cause unpleasant side effects such as nausea and vomiting.

Sometimes, when antibiotics kill the 'bad' bacteria, they also destroy some of the 'good' bacteria that live inside your body and protect you from germs.

Using antibiotics for long periods of time can put you at risk for other illnesses, such as *Clostridium difficile* (C. diff), or yeast infections in your mouth and vagina. C. diff is a type of infection that causes fever, stomach cramps, and severe watery diarrhea.

What does this mean for me?

You should know that antibiotics fight infection and may ease discomfort, but they will not cure a terminal illness.

If antibiotics cannot help you get well, then taking them may do more harm than good. They can cause side effects that make you feel sick, and may prevent you from having a peaceful, natural death.

Do I have a choice?

Yes. You have the right to make your own health care choices. It is up to you to decide whether or not antibiotics are right for you.

You should think about the times you will want to take antibiotics, and the times you will not.

Whatever you decide, talk first with your family and your doctor.

This information sheet was designed to give you a general description of antibiotics as a treatment choice near the end of life, some pros and cons of their use, and an outline of your options for choosing whether or not you want them to be a part of your Advance Care Plan.

Antibiotics fight infection and may ease discomfort, but they will not cure a terminal illness.

If your illness cannot be cured by antibiotics, taking them may do more harm than good.

They may cause side effects or put you at risk for other illnesses, such as *Clostridium difficile* and yeast infections.



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What You Should Know About CPR

What is Cardiopulmonary resuscitation (CPR)?

CPR attempts to revive a person's heart and breathing after they have stopped. If you are given CPR, rescuers will try to pump your heart by pressing down hard upon your chest. They will breathe into your mouth to force air into your lungs, and they may apply an electrical shock to your chest to try to restart your heart.

What are the benefits?

CPR may save the life of an otherwise healthy person who becomes severely injured or has a heart attack.

What are the risks?

To successfully perform CPR, the chest must be pushed down one and a half inches, 100 times a minute, for several minutes.

This kind of pressure can break ribs or damage internal organs. Many people who survive CPR require a breathing machine to help them take in air until they are well enough to breathe on their own.

What does this mean for me?

You should know that CPR offers a less than 2% chance of survival for people who are very old or have complicated medical problems. In some cases, CPR may do more harm than good. It can cause you to suffer painful injuries, and may keep you from having a peaceful, natural death.

Do I have a choice?

Yes. You have the right to make your own health care choices. It is up to you to decide whether or not CPR is right for you.

You should think about the times you will want CPR, and the times you will not.

Whatever you decide, talk first with your family and your doctor.

If you want CPR, there are no specific steps to take in order to receive it.

Healthcare workers will ALWAYS attempt CPR unless you have a "Do Not Resuscitate" (DNR) order.

To avoid CPR in the state of Florida, you must possess a valid yellow *Florida Do Not Resuscitate Order Form* (DH Form 1896) that is signed by

you and your doctor.

So, if you do not want CPR, speak with your doctor about having a DNR order placed in your medical record, and remember to keep a copy with you at all times.

This information sheet was designed to give you a general description of CPR, some pros and cons of the procedure as a treatment choice near the end of life, and an outline of your options for choosing whether or not you want it to be a part of your Advance Care Plan.

While it may save the life of a healthy person, CPR offers a less than 2% chance of survival for people who are very old or have complicated medical problems.



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What You Should Know About Tube Feeding

What is tube feeding?

Sometimes, when a person becomes very old or very ill, they may have difficulty swallowing. Tube feeding provides liquid nutritional supplements, water, and medicine to those who can no longer take in food or fluids by mouth.

What are the benefits?

Tube feeding can be very helpful to patients who are recovering from surgery or sudden illness, as well as healthy patients who require long-term nutritional support.

What are the risks?

Even in the best of situations, tube feeding has risks.

In order to receive tube feedings, your doctor must push a tube into your stomach through an opening in your abdomen.

Although the tube is anchored in place, patients who are very agitated may need to be sedated or have their hands tied down to keep them from pulling it out.

Because tube feeding is a mechanical process, the stomach is not able to tell the body when it is full. Fluid from a full stomach can overflow into the lungs and cause infection or swelling in the body.

Feeding tubes provide nutrition, but they do not provide the taste and social benefit of regular meals. Eating can be dangerous for tube feeding patients, so once a person has been put on one, they will probably not be able to eat regular meals.

What does this mean for me?

Many people wonder if refusing a feeding tube will cause them to "starve to death." You should know that dying people do not feel hunger or thirst. If your illness is terminal, and a feeding tube will not help you get well, then starting one may do more harm than good. It can cause discomfort, and may prevent you from having a peaceful, natural death.

Tube feedings can be helpful to patients who need nutritional support while recovering from illness, but they do not provide the tastes and social pleasures of regular meals.

Do I have a choice?

Yes. You have the right to make your own health care choices. It is up to you to decide whether or not a feeding tube is right for you.

You should think about the times you will want a feeding tube, and

the times you will not. Whatever you decide, talk first with your family and your doctor.

This information sheet was designed to give you a general description of feeding tubes as a treatment choice near the end of life, some pros and cons of their use, and an outline of your options for choosing whether or not you want them to be a part of your Advance Care Plan.



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What You Should Know About Dialysis

What is dialysis?

Dialysis is a treatment for people whose kidneys are not working properly. Dialysis helps remove waste and extra fluid from your blood when your kidneys cannot do it for you.

What are the benefits?

Some forms of kidney failure are temporary and may get better. Short-term dialysis helps the kidneys rest and recover.

Dialysis also prevents dangerous chemicals like urine and salt from building up in the body.

Some patients who suffer from kidney disease can live for many years with the help of dialysis.

What are the risks?

When you are put on dialysis, your blood goes out of your body into a machine that cleans it and returns it to you. When the machine removes the 'bad' chemicals from your blood, it also removes many of your body's nutrients and 'good' chemicals.

This can put you at risk for infection. It can also give you a headache, or cause you to feel weak and dizzy.

Dialysis may prevent you from doing some things you enjoy. Dialysis patients cannot eat certain foods or travel to places where treatment is not available.

What does this mean for me?

You should know that dialysis does not cure kidney disease. It can improve the lives of otherwise healthy patients whose kidneys stop working, but it does not usually help people who are very old or have a terminal illness.

If dialysis treatment cannot help you get well, then starting it may do more harm than good. It can cause side effects that make you feel sick, and may prevent you from having a peaceful, natural death.

Do I have a choice?

Yes. You have the right to make your own health care choices. It is up to you to decide whether or not dialysis is right for you.

Dialysis does not cure kidney disease. It can improve the lives of healthy patients whose kidneys stop working, but it does not usually help people who are very old or have a terminal illness.

You should think about the times you will want to have dialysis, and the times you will not. Whatever you decide, talk first with your family and your doctor.

This information sheet was designed to give you a general description of dialysis as a treatment choice near the end of life, some pros and cons of the treatment, and an outline of your options for choosing whether or not you want it to be a part of your Advance Care Plan.



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What You Should Know About Ventilators

What are ventilators?

Ventilators are often called "breathing machines" because they take in air for you when you are unable to breathe on your own.

When a person is started on a ventilator, a tube is inserted into their windpipe through an opening in their throat. The other end of the tube is connected to a machine that pumps air into their lungs and "breathes" for them.

What are the benefits?

Ventilators allow the body to rest while it recovers from injury or infection.

They are commonly used to breathe for patients during surgery, and for short-term treatment of illnesses such as pneumonia.

Many people are able to breathe on their own after a short period of treatment.

What are the risks?

A person on a breathing machine cannot speak or eat. The tube in their windpipe can make them anxious or make their throat sore. They may have to have their hands tied down or be given medication to prevent them from pulling it out.

Ventilators do not usually help people who are frail or have a terminal illness. A person who is very weak or very sick may never be able to breathe on their own again.

What does this mean for me?

You should know that starting on a ventilator may do more harm than good. Your family may be faced with tough

decisions regarding your care, and you may have to spend your final days in a medical facility, instead of having a peaceful, natural death at home.

Sometimes ventilators help families cope by allowing them to spend more time with their loved one, but knowing the right time to stop treatment can be very difficult for them.

Do I have a choice?

Yes. You have the right to make your own health care choices. It is up to you to decide whether or not a breathing machine is right for you.

You should think about the times you will want to use a ventilator, and the times you will not. Whatever you decide, talk first with your family and your doctor.

This information sheet was designed to give you a general description of ventilators as a treatment choice near the end of life, some pros and cons of their use, and an outline of your options for choosing whether or not you want them to be a part of your Advance Care Plan.

Ventilators allow the body to rest while it recovers from injury or infection, but they do not usually help people who are frail or have a terminal illness.



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