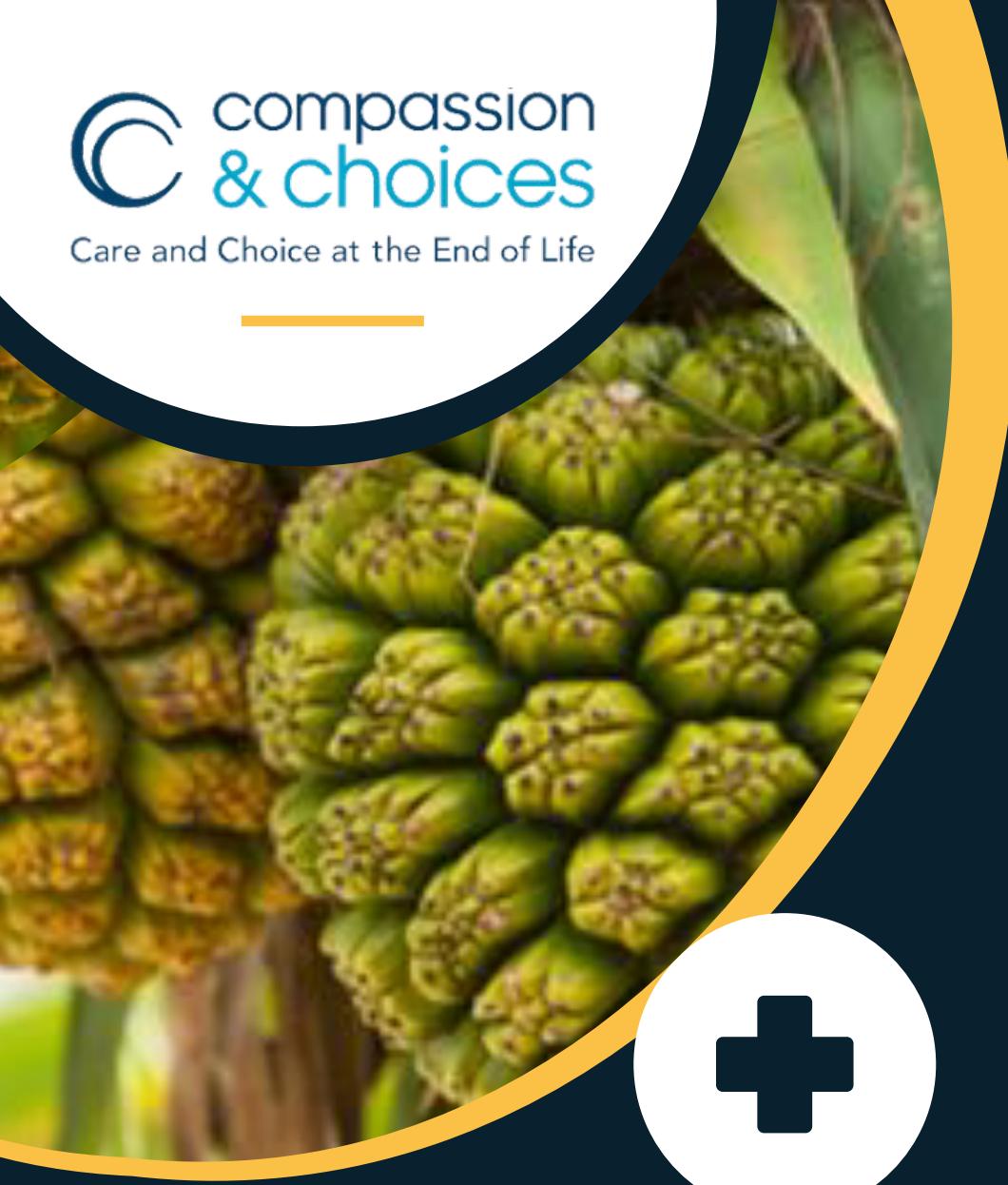




Care and Choice at the End of Life



NĀ KOHO E PAU AI KE OLA NO KA PO'E MA'I HO'OLAWEHALA LOA O HAWAI'I

END-OF-LIFE OPTIONS FOR THE TERMINALLY ILL IN HAWAI'I

When facing a terminal prognosis, the goal of good end-of-life care is to provide as much physical and emotional comfort as possible. The following options focus on comfort, dignity and quality of life, not curing illness. For many, it is reassuring just to know that options exist. There is no one right answer or choice; preferences vary from person to person.

Ke 'ike 'ia ka wānana 'ia o ka pau koke 'ana o ke ola, 'o ka maha o ke kino a na'au ma ka mea e hiki ka pahuhopu o nā koho e pau ai ke ola ma ka nui e hiki. Kālele ia mau koho ma ka maha a me ka 'olu'olu a kūlana o ka nohona, 'a'ole ho'i ma ka lapa'au 'ana i ka ma'i. No ka hapa nui, he mea nui ka 'ike no nā koho i loa'a. 'A'ole he ho'okahi hā'ina a koho pololei; aia ho'i i kēlā kanaka kēia kanaka.



He mea nui ke kama'ilio 'ana i mea e mālama kūpono 'ia ai ma ko kākou wā 'ane hala, no laila, he ko'iko'i ke kūkā 'ana i nā makakoho me ka 'ohana, ke kauka a mea like paha, a me nā hoa pili pū kekahī. Ho'olako 'ia na ko mākou Plan Your Care Resource Center nā kumuawai hou aku no nā koho e pau ai ke ola a pehea ho'i e kama'ilio ai no ia mau kumuhana: compassionandchoices.org/end-of-life-planning.

KI'INA HO'ONĀ 'EHA A 'ŌULI KINO

Helu 'ia ma ke ki'ina ho'okele 'eha a 'ōuli kino ka lawelawe 'ia o nā lā'au a kāko'o hou aku e la'a ka lomilomi, ka lapa'au kui Pākē, a me ka ho'omāhu 'aila mea kanu e maha ai. Hiki ke pili nā 'ōuli kino i ka ma'i e la'a ka 'eha, ka nae, a i 'ole paha, 'o ka hia'ā. Hiki pū ke no'ono'o 'ia he hopena o ke ki'ina lawelawe e la'a ka pailua o ke ki'ina pani hunaola ma'i 'a'ai.

NĀ MEA E NO'ONO'O AI NO KĒIA KOHO:

- Hiki ke lawelawe 'ia ke ki'ina ho'onā 'eha a 'ōuli kino o ke ki'ina mālama 'ane hala e like me ka mea e pono ai, me ka wānana 'ia a me ka 'ole o ka pau koke 'ana o ke ola
- Mālama 'ia ke ki'ina mālama 'ane hala ma nā wahi lapa'au a kāko'o nohona a ma ka hale.

KI'INA MĀLAMA 'ANE HALA

Kālele 'ia ma ke ki'ina mālama 'ane hala ka maha o ka nohona ma kahi o ka lō'ihi o ke ola, e 'imi ana ho'i i ka maha ma ka mea e hiki.

Candid conversation is crucial to ensuring that we get the care we want at the end of life, so it's important to discuss priorities with loved ones, healthcare providers and others close to us. Our Plan Your Care Resource Center offers additional resources on end-of-life options and how to talk about them: compassionandchoices.org/end-of-life-planning.

PAIN AND SYMPTOM MANAGEMENT

Pain and symptom management involves the use of medications and other therapies, such as massage, acupuncture and aromatherapy, to bring comfort. Symptoms may be disease-related, such as pain, shortness of breath or sleeplessness. They may also be side effects of treatment, such as nausea from chemotherapy.

THINGS TO CONSIDER ABOUT THIS OPTION:

- Palliative pain and symptom management can be used at any time, with or without a terminal prognosis.
- Palliative care is available in medical or assisted-living settings and in the home.

HOSPICE

Hospice care focuses on quality of life rather than the length of life, and aims to provide comfort.



He kī'ina kēia e nānā 'ia ai nā kī'ina lapa'au, nā kī'ina lapa'au kōkua, a me ke kāko'o i ka no'ono'o o ke kanaka, me ke komo pū 'ana paha o ka 'ohana. 'O ka ma'amau, he kime mea lapa'au mākaukau ko ke kī'ina mālama 'ane hala e la'a ke kauka, kahu ma'i, kāko'o noho hale, hoa kāko'o a kūkā, kahu, a mea like paha. Penei paha kekahi o nā lawelawe: mālama na ke kahu ma'i, nā lako a pono hana lapa'au, nā lawelawe kāko'o noho hale, ke kāko'o i ke kahu mālama, ka lā'au e ho'okele 'ia ai nā 'ōuli kino, a pēlā pū ke kāko'o pili 'uhane.

I mea e kūpono ai no ke kī'ina mālama 'ane hala, e pono e wānana 'ia na ke kauka ka hala 'ana i loko o ka 'eono māhina. 'O ka ma'amau, 'a'ole lawelawe 'ia nā kī'ina e ola ai ka ma'i a e mau aku ai ke ola i ka wā e komo ai ma ke kī'ina mālama 'ane hala. Inā penei ka makemake, e pono e ha'alele 'ia ka lawelawe 'ia o ke kī'ina mālama 'ane hala. Hiki nō ke lawelawe 'ia ke kī'ina mālama 'ane hala e like me ka mea e pono ai.

Ma ka pū'iwa, hō'ike 'ia na ka noi'i, 'oi aku ka lō'ihi o ke ola o ke kanaka ke lawelawe 'ia ke kī'ina hō'ona mālama 'ane hala ma kahi o ke kī'ina lapa'au. Ma lalo o ka iwi Care Choices Model na ka Medicare, ho'olako pū 'ia na ka Centers for Medicare & Medicaid Services ke koho no nā lālā Medicare e ho'omau ai i nā kī'ina lapa'au i ka wā e 'imi 'ia ana ke kī'ina mālama 'ane hala. Mālama 'ia ia mea ma lalo o kekahi mau hui kī'ina mālama 'ane hala.

NĀ MEA E NO'ONO'O AI NO KĒIA KOHO:

- I mea e kūpono ai, e pono e wānana 'ia ka hala 'ana i loko o ka 'eono māhina.
- Ho'olako pū 'ia na ke kī'ina mālama 'ane hala ke a'oa'o, kāko'o 'ohana, a kōkua ho'olālā no ka wā e 'ane hala ai.
- Ma ka hale e mālama 'ia ai ke kī'ina mālama 'ane hala, keu aku me ke kōkua o nā lālā 'ohana a mea like paha.

It is a holistic approach combining medical care, auxiliary therapy and mental health support, and can involve the family in the process. Hospice care usually involves a team of professionals including doctors, nurses, home health aides, social workers, chaplains and others. Services may include nursing care, medical supplies and equipment, home health aide services, respite services (relief for the caregiver), medications to manage symptoms, and spiritual support.

To qualify for hospice, a doctor must estimate a prognosis of six months or less. Typically, treatments intended to cure the illness or extend life are not available once a person enters hospice care. If an individual wishes to pursue this type of care, he or she may be required to end hospice services. A person can go on and off of hospice as needed.

Surprisingly, evidence indicates people sometimes live longer once they make this transition from curative to palliative treatment. Through the Medicare Care Choices Model, the Centers for Medicare & Medicaid Services also provides an option for Medicare beneficiaries that allows them to continue curative treatments while obtaining palliative care. This is available through a limited number of hospice providers.

THINGS TO CONSIDER ABOUT THIS OPTION:

- To be eligible, the prognosis must be six months or less to live.
- Hospice also provides counseling, family support and end-of-life planning.
- Hospice care usually takes place in the home, often with help from family members or others.



HŌ'OLE 'AI A INU (VSED)

Ma ke kokoke 'ana i ka wā e hala ai, pau paha ka pōloli i ka loli o ke kino. No kekahi po'e, wikiwiki a'e ka hala 'ana i ke koho 'ana i ka hō'ole i ka 'ai a inu.

NĀ MEA E NO'ONO'O AI NO KĒIA KOHO:

- Helu 'ia ke ki'ina ho'onā 'eha a 'ōuli kino i mea e nā iki mai ai ka 'eha.
- No kekahi po'e, he pōloli a makewai ma nā lā mua.
- Hiki ke hō'ole 'ia ka 'ai a inu.
- Ho'olale 'ia ka hana pū 'ana me ke kime mālama 'ane hala a kime lapa'au like paha.
- E pono paha e hana pū ka 'ohana o nā mea ma ka hale mālama me nā limahana o laila e hō'opia 'ia ai ka 'ae 'ia o kēia koho.
- Ke 'imi 'ia ka VSED ma ka hale, he mea nui ka ho'omalu 'ia na ka mea lapa'au mākaukau i mea e nā ai ka 'eha.

HŌ'OLE A HO'OKŪ I KE KI'INA HO'OMAU OLA

Hiki ke hō'ole 'ia nā ki'ina no nā kūlana ola a mea like paha e 'imi ana i ka mau o ke ola e la'a ka ho'ohana 'ia o ka mīkini ho'ohanu, ke kiupe hānai, ka ho'ohāinu kiupe a kui, ka pale mūhune 'ino, a me ka ho'ohanu pu'uawai. He kōkua nā ki'ina hou aku i kekahī manawa, hiki pū na'e ke mau hou aku ke ola a nui a'e ai ka 'eha me ka ho'okā'oi 'ole 'ana a'e i ke kūlana ola.

VOLUNTARILY STOPPING EATING AND DRINKING (VSED)

Often, as death nears, bodily changes can take away appetite. For some people, the decision to voluntarily stop eating and drinking, meaning declining food, liquids and artificial feeding, shortens the dying process.

THINGS TO CONSIDER ABOUT THIS OPTION:

- VSED includes pain and symptom management to minimize discomfort.
- Some people feel hunger and thirst during the first few days.
- Everyone has the right to refuse food and fluids.
- Working with hospice or a medical team is highly recommended.
- Families of those in a care facility may need to work closely with staff to ensure staff will honor this choice.
- When VSED is sought at home, it should be medically managed to minimize discomfort.

DECLINING OR STOPPING LIFE-SUSTAINING TREATMENT

Treatments for health conditions or those meant to prolong life, such as use of a ventilator, a feeding tube, IV hydration, antibiotics or cardiopulmonary resuscitation (CPR), can be refused or stopped at any time. Sometimes more treatment is helpful, but it can also prolong the dying process and increase suffering without improving quality of life.



NĀ MEA E NO'ONO'O AI NO KĒIA KOHO:

- Mālama 'ia ke kī'ina ho'onā 'eha a 'ōuli kino e nā iki ai.
- Hiki ke hō'ole 'ia nā kī'ina lapa'au i nā wā a pau.
- E pono paha e hana pū nā mea ma ka hale mālama me nā limahana o laila e hō'opia 'ia ai ka 'ae 'ia o kēia kohō.

HO'OHIAMOE MĀLAMA 'ANE HALA

Ua kapa pū 'ia he ho'ohiamoe hope loa, ho'ohiamoe 'ia ke kanaka i mea e emi ai ka 'ike a me ka lohe. 'O ka ma'amau, pau ka 'ike a lohe o ke kanaka a hala 'o ia. Ma ia wā ho'okahi, ho'okū 'ia ka hānai 'ai a inu. He mea pū kēia e nā ai paha ka 'eha nui. 'A'ole nō na'e paha e nā pono nā 'ōuli kino.

NĀ MEA E NO'ONO'O AI NO KĒIA KOHO:

- He mea nui ka ho'omalu 'ia o ka hō'ona mālama 'ane hala na ke kauka a mea like paha.
- He mea nui ka hō'opia o nā mea e 'imi ana i kēia kohō i ka 'āpono a kona kauka a mea like paha.

THINGS TO CONSIDER ABOUT THIS OPTION:

- Pain and symptom management are used to ease any discomfort.
- Anyone can refuse medical treatments at any time.
- Those in a care facility may need to work closely with staff to ensure they will honor this choice.

PALLIATIVE SEDATION

Sometimes called terminal sedation, this option involves being medicated to reduce consciousness. Typically the person remains unconscious until death. At the same time, all nutrition and fluids are stopped. Sedation may bring some relief for extreme pain and suffering. However, it may not totally relieve symptoms.

THINGS TO CONSIDER ABOUT THIS OPTION:

- Palliative sedation must be medically managed by a healthcare provider.
- Those seeking this option must ensure their healthcare provider will honor it.



KI'INA E PAU AI KE OLA

He ki'ina lapa'au palekana a hilina'i 'ia ke ki'ina e pau ai ke ola na ke kauka i noa i ka mea nona ka ma'i pāmake e pau ana ke ola i loko o ka 6 māhina, me ka hiki ke noi i ka lā'au na ka mea mākaukau a mea like paha no ka lā'au e 'ai a ho'ohāinu 'ia e hala maluhia ai.

NĀ MEA E NO'ONO'O AI NO KĒIA KOHO:

- No kekahi po'e, 'o ke kauoha 'ia o ka lā'au ka mea e maha ai i loko nō o ka ho'ohana 'ia a me ka 'ole.
- He moku'āina 'o Hawai'i mai loko mai o nā moku'āina he 11 o 'Amelika Hui Pū 'la e 'ae 'ia ai nā ki'ina e pau ai ke ola.
- No ka po'e e no'ono'o ana i ua koho nei, he mea nui ka 'imi koke 'ana i ka mana'o o ke kauka, 'oiai he koina kū kānāwai nā ke'ehina a me kahi wā ho'oholo mana'o he 20 lā ka lō'ihi.
- Hiki ke loa'a kēia koho ma ka hale.

MEDICAL AID IN DYING

Medical aid in dying is a trusted medical practice available to terminally ill adults with six months to live, in which they can request a prescription from a qualified provider for medication to bring about a peaceful death.

THINGS TO CONSIDER ABOUT THIS OPTION:

- For some people, simply having the prescription brings comfort whether or not they use it.
- Hawai'i is one of 11 U.S. States/jurisdictions that currently authorize medical aid in dying.
- People who wish to consider this option should speak to their doctor early, as the law requires multiple steps and a minimum 20-day waiting period.
- This option can be used at home.



E 'imi 'ia ka 'ike hou aku ma :

Get more information at:

[HTTPS://COMPASSIONANDCHOICES.ORG
/END-OF-LIFE-PLANNING](https://compassionandchoices.org/end-of-life-planning)