Life-Sustaining Technologies and the Elderly

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Foreword

In September 1984, OTA received requests from both the House and Senate Aging Committees to study the implications for their constituents of medical technologies that can sustain life in patients who are critically or terminally ill. Both Committee Chairmen, Senator John Heinz and Congressman Edward Roybal, expressed concern about elderly persons whose rights as patients and dignity as citizens are, or are feared to be, jeopardized—either by unwanted aggressive medical treatment or, conversely, by financial barriers to treatment.

The Senate Special Committee on Aging cited “new questions about the quality of life” that accompanies increased survival made possible by “current and emerging methods of life support.” The Committee requested a “thorough review of the ethical dilemmas concerning life and death decisions that are faced by health care practitioners, elderly patients themselves, and concerned family members.” OTA was asked to explore the special problems related to treatment decisions for older patients who are cognitively impaired and, thus, unable to make their own decisions, and to compare alternate methods for specifying in advance one’s wishes regarding treatment. The Senate Committee also expressed interest in comparative reviews of the various institutional and noninstitutional settings in which life-sustaining technologies are used.

The House Select Committee on Aging identified as the key issues those related to “(financial access” to life-sustaining technologies and the “right to choose.” Of special interest were ways to ensure that elderly persons retain autonomy in treatment decisions, and the roles of families, providers, and government in supporting patient autonomy. Ethical issues related to the use of technologies that are currently available or anticipated were to be reviewed to advance understanding about care of the critically and terminally ill elderly. OTA was asked to assess the costs to patients, their families, and the public, and to lay the groundwork for policies about Medicare and Medicaid reimbursement of these technologies. Also of interest to the House Committee were the growing use of home care and issues related to quality of care, especially in the home.

In response, OTA has conducted a study of a wide range of topics, some of which have recently been receiving a great deal of scrutiny inside and outside the government. In order to derive information specific enough to guide possible congressional action and to be responsive to the requesting Committees, this examination of the issues is specifically tied to particular life-sustaining technologies and their use with patients who are elderly. At the same time, much of this information is applicable to life-sustaining technology in general and to citizens of all ages.

OTA has tried to provide a strong sense of the human dimension in this report. In addition to descriptions of what is theoretically possible and statistically documentable, much information is presented about the experience of individual patients and their families. The case examples, of which there are many, are true stories. While no case is “typical,” every one expresses the potential benefits or the potential burdens of life-sustaining treatments. Each makes clear and poignant the needs of patients, their families, and caregivers who are faced with decisions about—or the consequences of decisions about—the use of life-sustaining technologies.
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NOTE: OTA appreciates and is grateful for the valuable assistance and thoughtful critiques provided by the advisory panel members. The panel does not, however, necessarily approve, disapprove, or endorse this report. OTA assumes full responsibility for the report and the accuracy of its contents.
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