



## Information Sheet 2: Levels of care toward the end-of-life

As a person approaches the end-of-life, it may be necessary to decide how aggressively to treat their underlying medical condition. This has increasingly become an issue because medical technology has found new ways to prolong life by mechanical or artificial means, even when this means a very poor quality of life for the person affected.

Deciding about different levels of care is not about denying people treatment because they are old or very sick. It is about recognising the natural course of disease progression, acknowledging what choices they may have made about their care, and providing the best quality care appropriate for their situation.

One way of helping patients and family understand this issue is to describe different levels of care that may be appropriate towards the end-of-life. The four levels described in the table below are based on the work of Professor D.W. Molloy, from McMaster University in Canada as part of the *Let Me Decide* Health and Person Care Directive (see reference below).

Level of care	What generally occurs at this level'
Palliative care	<ul style="list-style-type: none"> <li>• Tests and treatment are done to maintain comfort rather than prolong life</li> <li>• Aim of treatment is to keep you warm, dry and pain-free</li> <li>• Surgery would be unusual and only to relieve pain or improve comfort</li> <li>• Antibiotics would only be prescribed to improve comfort</li> <li>• Transfer to hospital would not be for active treatment but only if you could not be kept comfortable at home</li> </ul>
Limited care	<ul style="list-style-type: none"> <li>• Includes treatment that is more extensive than 'palliative' but less than 'surgical'</li> <li>• You may receive antibiotics, blood tests, intravenous lines, x-rays, oxygen and blood transfusions</li> <li>• You would not receive emergency surgery if bleeding from the intestine</li> <li>• You would not receive tests that required a general anaesthetic or be put on life support machines for breathing or kidney dialysis machines</li> <li>• Transfer to hospital would happen if proper care could not be given at home</li> </ul>
Surgical care	<ul style="list-style-type: none"> <li>• You would receive blood tests, x-rays, surgery and would be considered for kidney dialysis</li> <li>• You would only be put on a breathing machine (ventilator) during or after surgery</li> <li>• You would receive surgery if it was necessary</li> <li>• You would not go to intensive care unless that was the best place to keep you comfortable</li> <li>• Transfer to hospital would happen without hesitation if necessary</li> </ul>
Intensive care	<ul style="list-style-type: none"> <li>• Every form of treatment within a modern hospital would be used to maintain life</li> <li>• Transfer to hospital would be immediate.</li> <li>• If treatments were not available in the first hospital you would be transferred to a larger, better-equipped hospital if available</li> </ul>

**Reference:** Dr Roger Clarnette & Dr D. William Mollloy (2000) *Let Me Decide: The Health and Personal Care Directive that speaks for you when you can't...* 3rd Australian edition. Perth: Newgrange Press.

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