

## Limiting Medical Care

Contact(s):

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The American Association of Neurological Surgeons wishes to ensure the most humane and considerate care possible for neurological patients. In patients who are terminally and irreversibly ill, it may be appropriate to limit medical care. Such limitation should not be done if it is contrary to state law. If living will legislation is in effect and the patient has executed a living will, the surgeon should follow the patient's stated wishes.

Two categories of limited medical care may be described. The first is "do not resuscitate" status. If a patient or surrogate has indicated the wish for this, the "do not resuscitate" order should be written according to the bylaws or procedures of the institution involved. Such patients may be cared for either in an intensive care unit or on a regular ward.

The second category of limited care is "supportive care only." Such a patient might reasonable be expected not to have intravenous antibiotics, intensive investigation of fevers, or other invasive or potentially painful procedures. Such a patient is best cared for outside an intensive care unit.

For the "do not resuscitate" patients, vigorous treatment short of resuscitation for cardiopulmonary arrest may be appropriate; for the "supportive care only" patients, care is limited well before cardiopulmonary arrest.