



# Three Most Common Goals of Care in Medicine

## Aggressive Curative Care with Full Code

Medical staff will attempt to fix, improve and seek to cure the medical condition, even if this isn't possible, using all medical means available. This pathway has a **FULL CODE** status, meaning that if the patient's heart or lungs stop, medical personnel will attempt to shock, use CPR and or Life Support to revive them. This is the automatic pathway for all patients

## Aggressive Curative Care with No Code

Medical staff will attempt to fix, improve and cure the patient, even if unrealistic, using all medical means possible. However, if the patient's heart or lungs stop, the patient will not be coded, and there will be no attempt to revive the patient. This means that there will be no CPR, life support, or any other aggressive interventions to stop death. This could be because the patient may see it as allowing God's will to take place, their fate or they want to allow natural death to occur. There is an option for partial codes where patients can request that some measures such as CPR but to not use other interventions such as life support. However, patients and families should realize that partial codes are not as successful as full codes that use all recommended interventions

## Comfort Care with No Code

This is medical care to keep the patient comfortable until they pass. This includes hygiene, medications, wound care, positioning, physical symptom management and privacy for the patient and family. The patient will not be coded if their heart or lungs stop, and they will be allowed to pass.

There are usually 3 scenarios that prompt patients or their decision maker to choose to leave the default pathway of **Aggressive Curative Care with FULL CODE** :

- Medical expert states that we can't fix your medical condition
- The patient requests to not go through treatment again (ex: dialysis, life support)
- Patient, family or surrogate decision maker feels that they are prolonging suffering rather than prolonging life or they feel that burden of treatment is not worth the quality of life that the patient currently has.

To learn more about Tanner Palliative Care, please visit [www.TannerPalliativeCare.org](http://www.TannerPalliativeCare.org) or contact:

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