



Reality Behind Critical Care Decisions

What "do everything" really means

Most of what we think we know about CPR and life-saving care comes from TV, where outcomes are quick and clean. A critical care nurse joins Roy and Jeremy to unpack what these decisions actually look like in real life.

EPISODE SUMMARY

This conversation goes beyond theory and into what actually happens in critical care situations. Roy and Jeremy sit down with a critical care nurse to unpack the moments most people never see, but may one day have to face, including what "full code" status really means and why doing everything doesn't mean restoring someone to the life they had before.

When someone can't speak for themselves, decisions fall to the people around them, often made under pressure and without knowing exactly what their loved one would have wanted. Documents like a medical power of attorney matter, but they're only part of the equation. What matters just as much is whether the right conversations have happened.

KEY TOPICS & TAKEAWAYS

- By default, many patients are considered "full code," meaning every possible life-saving measure will be used, which doesn't guarantee a return to the life someone had before.
- When a patient can't speak for themselves, families are the ones who have to make these decisions, often under pressure and without full clarity on what their loved one would have wanted.
- Legal documents like a medical power of attorney matter, but they only work well when paired with real conversations about values and wishes.
- Avoiding the conversation about end-of-life and critical care wishes doesn't remove the decision, it just moves it to a moment with less time, more stress, and far less clarity.
- Planning isn't just about preparing for the worst, it's about creating clarity in the moments that matter most for the people you care about.

RESOURCES & LINKS

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