

Making Choices for End-of-Life Care

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Choosing the types of treatments desired when patients are diagnosed with a life-threatening illness, or when they become incapacitated due to sudden trauma, has changed dramatically over the last 30 years. Many more decisions must be made about how, when, and where a person dies. Our culture is ill-prepared for these complex and stressful choices. High profile cases such as Nancy Cruzan's in Missouri, and more recently Terri Schiavo's in Florida, starkly illustrate the need for discussions regarding treatment preferences. In both cases, conversations in advance about what each of these young women would have wanted regarding treatment may have avoided the legal battles over who should decide their fate. Many of us have experienced the reality of a family member or friend faced with the challenges of making end-of-life decisions. Interest in this topic has increased as our culture has come to expect high-tech treatments and cure at any cost. In the absence of advance care planning or directives, the default is to treat as aggressively as possible. Research has shown that there is a major difference between where and how most of us say we want to die, and what actually happens at the end of life.

A recent end-of-life care study, conducted by the AARP and The Carolinas Center for Hospice and End of Life Care, found that of the 3,586 North Carolina respondents who participated, seventy-nine percent said they would not want machines used to prolong their lives, but only eleven percent had discussed their wishes with their physician. Forty-seven percent of respondents had completed written advance directives. Because people are living longer, many with chronic diseases, talking about choices must become an important part of any comprehensive health care plan.

The goal of advance care planning is for you to live well, in a way that is meaningful to you, for as long as you live.

Having these conversations with loved ones before there is a crisis can be difficult. Most Americans do *not* like to think about mortality. However, if you have experienced the life-threatening illness of someone close to you, it may have raised questions regarding what your own wishes would be in a similar situation. Keep in mind that having discussions and communicating a plan for care at the end of life is just as important as financial planning for your retirement. Make an effort to discuss your wishes with your family and encourage loved ones to do the same.

The following list provides some useful talking points to begin a discussion about end-of-life care decisions.

Understanding the dynamics of a health condition will give guidance about potential decisions that may need to be faced. Education is a key component of advance care planning.

Thinking about health care choices in the context of individual values and beliefs also gives guidance for making decisions. There are many resources available to help you.

Conversations with loved ones are a vital foundation for making decisions about health care. There could be a time when you are unable to make decisions, leaving choices in the hands of your family. When conversations have taken place, they provide the guidance that direct care decisions.

Recording the plan is a necessary component of this process. The Health Care Power of Attorney document legally appoints a representative to make health care decisions only if the individual is unable to communicate wishes. These documents are important because a sudden crisis could occur at any time. We suggest that you become familiar with the forms listed below.

Continuing the process is paramount to successful advance care planning. It is recommended that individuals with any potentially life-limiting illness review advance care plans every six months. Life events and decisions may change over time, as health and perspective changes.

Advance care planning is a process, not an event. Conversations are as important as completed legal documents.

The responsibility for advance care planning rests ultimately with you, but your physician can play an important role in facilitating the process. Contact your doctor with any questions you may have. You may also contact Hospice & Palliative Care Lincoln County and ask to speak with someone regarding advance care planning. Our staff would be happy to assist you.

Advance care planning is a gift, to yourself and your family.

Helpful Resources:

Websites

www.hpccr.org

www.carolinasendoflifecare.org

www.nhpco.org

www.lastacts.org

Documents

NC Health Care Power of Attorney and NC Living Will revised in 2007 are available at: hpccr.org; ncmedsoc.org; or [nhpco.org/caring connections](http://nhpco.org/caring%20connections)

Planning Materials Available through Tiffany Petti 704.887.6432

"Isn't It Time We Talk"- Advance Care Planning Workbook

Hard Choices for Loving People- by Hank Dunn- End of Life Decision-Making