

End of Life Issues

Toby F. Laping, Ph.D.

Finally the noise has quieted from the cacophony of misinformation about the end of life proposal that was considered as part of health care reform. The good news is that end of life issues are now before the public – unfortunately in a polarized way but at least they’re out there - and many of us involved with health care and its delivery see that as good news. It is astonishing how few people have discussed the end of life treatments that they want for themselves. I do believe that most people have considered at least briefly what types of life sustaining services they would want and what they would disain, and under what circumstances, but most people haven’t discussed these issues with others and the overwhelming majority of people have never written down their wishes. How, then, would they expect their health care providers to know their wishes if they were unable to speak for themselves? That’s really what was intended by the original proposal; doctors’ time would be reimbursed so they could have useful discussions with patients about quality of life, length of life, options, etc.

How unfortunate that this proposal couldn’t be discussed in an open, non-adversarial manner. The health care system necessarily errs on the side of caution, often doing anything and everything to preserve life regardless of logic, of cost, or of the privately held wishes of the patients. The way to avoid this is for patients to be proactive with advanced directives.

The proposal that physicians be reimbursed for discussing end of life issues with patients is in fact a reasonable proposal, if only because many physicians don’t know their patients’ wishes. Often patients are asked if they have advanced directives and they’re often counseled to address this issue, but it’s rare that the subject is pushed beyond that point.

A dear lady, a friend of mine, just died because she refused a life sustaining treatment that she tried and found so unpleasant – so awful – so all consuming – that it left her with nothing in life but to focus solely on that treatment. She was alert and oriented and voiced her wishes clearly and firmly, and on that basis, her wishes were honored. She received no more treatments and she died quietly and peacefully with the help of Hospice.

I recently attended a memorial service in memory of the recently deceased mother of another dear friend. The mother had been living in a nursing home following serious deterioration of her health. She was confused and lacked the ability to address health care treatments, but fortunately under her daughters’ tutelage she had been wise enough previously to state her wishes regarding end of life treatment, and she put them in writing for all to see. Therefore, there were no questions about whether she should receive all those “tubes and needles”. Instead, she was kept very comfortable and allowed to die as she wished. Her daughter read a poem at her memorial service which stated, in part, “When my body knows life’s cycle is

complete – and my spirit sings that soon it shall be free – do not batten me to tubes and hoses – insulate me inside sterile walls – bind me to the earth – a captive spirit clamoring on heaven’s door.”

Her daughters were at peace, knowing they had honored their mother’s wishes and they felt relief that they were able to abide by them.

Advanced directives do not necessarily mean withholding of treatments; they can mean whatever treatments each of us wants. We owe our families, our survivors, and the peace of mind of knowing that they can comply with our clearly stated wishes.