Do We Have to Talk About This?

-Conversations with your patients about dying

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Why Me?

- I’m not prepared
- Someone else could do better
- I don’t have the right words
- I’m not even seeing them much anymore
- Why not the hospitalist?
- Why not the ER physician?
- What about the oncologist?
- Why not the chaplain?
- Can we just call hospice?

End-of-Life Planning

- Lawyer – Estate Planning/Trusts
- Financial Advisor – Portfolio/Investments/Inheritences
- Where is my stuff going to go?
- Only 37% of adults in the U.S. have an Advanced Directive[1]
- Physician – simply an unpopular topic

The Meaning of Life

- Existential Crisis – Victor Frankl
  - Existential Vacuum – inability to find or create meaning in life, leading to feelings of emptiness, alienation, futility, and aimlessness[2]
- The "BIG" Questions:
  - What is life all about?
  - Does my life have meaning, purpose, and engagement?
  - Will I leave any sort of legacy?

Some Great Thoughts…

- “Every man dies. Not every man really lives.” – William Wallace
- “Some people die at 25 and aren’t buried until 75.” – Benjamin Franklin
- “While I thought that I was learning how to live, I have been learning how to die.” – Leonardo da Vinci
- “Healthy children will not fear life if their elders have integrity enough not to fear death.” – Erik Erikson

The Evolution of End-of-Life Care

- 85% of deaths occur due to underlying chronic conditions/terminal illnesses
- Palliative and Hospice Care
- **Palliative care** is about managing the symptoms and side effects of life-limiting and chronic conditions
  - May be used at any stage of illness
  - Focuses on quality of life, sense of well-being
  - Addresses biological, psychological, emotional, social, and spiritual needs of patients and families
- **Hospice care** is for when curative treatment is no longer an option
  - Reserved to focus on the "last 6 months of life or less"
  - Used at the end stage of disease/illness at an end-of-life stage

Hospice Defined

- Patient is eligible for Medicare Part A (many commercial insurances cover as well)
- Patient must have terminal condition, as determined by two physicians, suggesting a life expectancy of six months or less based on the clinical judgment of the providers
- Patient has informed consent to choose hospice
- Care is provided by Medicare-certified hospice care program

- Two 90-day periods followed by unlimited number of 60-day periods

The Humbling Truth

- 90% percent of people would choose to receive care in our own homes
- 80% percent of people will die in healthcare institutions receiving treatment they don't want
- Two main reasons: 1. Misinformation about hospice 2. ***Failure to talk about it with patients***
- The goal of hospice is to alleviate psychological, emotional, spiritual, and physical suffering – not to hasten death.

Breaking the News

- Setting
  - Setting for breaking the bad news
- Perception
  - The patient's perception of the conversation
- Invitation
  - Obtaining the patient's invitation
- Knowledge
  - The patient's knowledge base
- Emotions
  - Awareness of the patient's emotions
- Summary
  - The summary of these elements[3]

Family Meeting

- From what you have seen so far, how do you anticipate this illness playing out?
- What do you think might be occurring over the next several weeks or months?
- Where are they? What do they want? What can you do to get them what they want?
- Get past "if only" comments
- What is the best decision for the patient's well-being?

- *"The only need to be considered is the need of the patient."* – Charles Mayo

On Death & Dying – Elisabeth Kubler-Ross

- 5 Stages of Dying
  - Denial
  - Anger
  - Bargaining
  - Depression
  - Acceptance[4]

What Is a Successful Death?

- Preferences for a specific dying process
- Pain-free status
- Religiosity/spirituality
- Emotional well-being
- Life completion
- Treatment preferences
- Dignity
- Family
- Quality of life
- Relationship with the healthcare provider
- Other[5]

What's Important in the End?

- Be kept clean
- Name a decision-maker
- Have a nurse with whom one feels comfortable
- Know what to expect about one's physical condition
- Have someone who will listen
- Maintain one's dignity
- Trust one's physician
- Have financial affairs in order
- Be free of pain
- Maintain sense of humor
- Say goodbye to important people
- Be free of shortness of breath
- Be free of anxiety
- Have a physician with whom one can discuss fear
- Have a physician who know one as a whole person
- Resolve unfinished business with family or friends
- Have physical touch
- Know that one's physician is comfortable talking about death and dying
- Share time with close friends
- Believe family is prepared for one's death
- Feel prepared to die
- Presence of family
- Treatment preferences in writing
- Not die alone
- Remember personal accomplishments
- Receive care from personal physician

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- **RECEIVE CARE FROM PERSONAL PHYSICIAN**

- “The transition from life to death is a sacred passage, and honoring it with dignity, grace, mercy, and love can provide enrichment – emotionally, psychologically, and spiritually”
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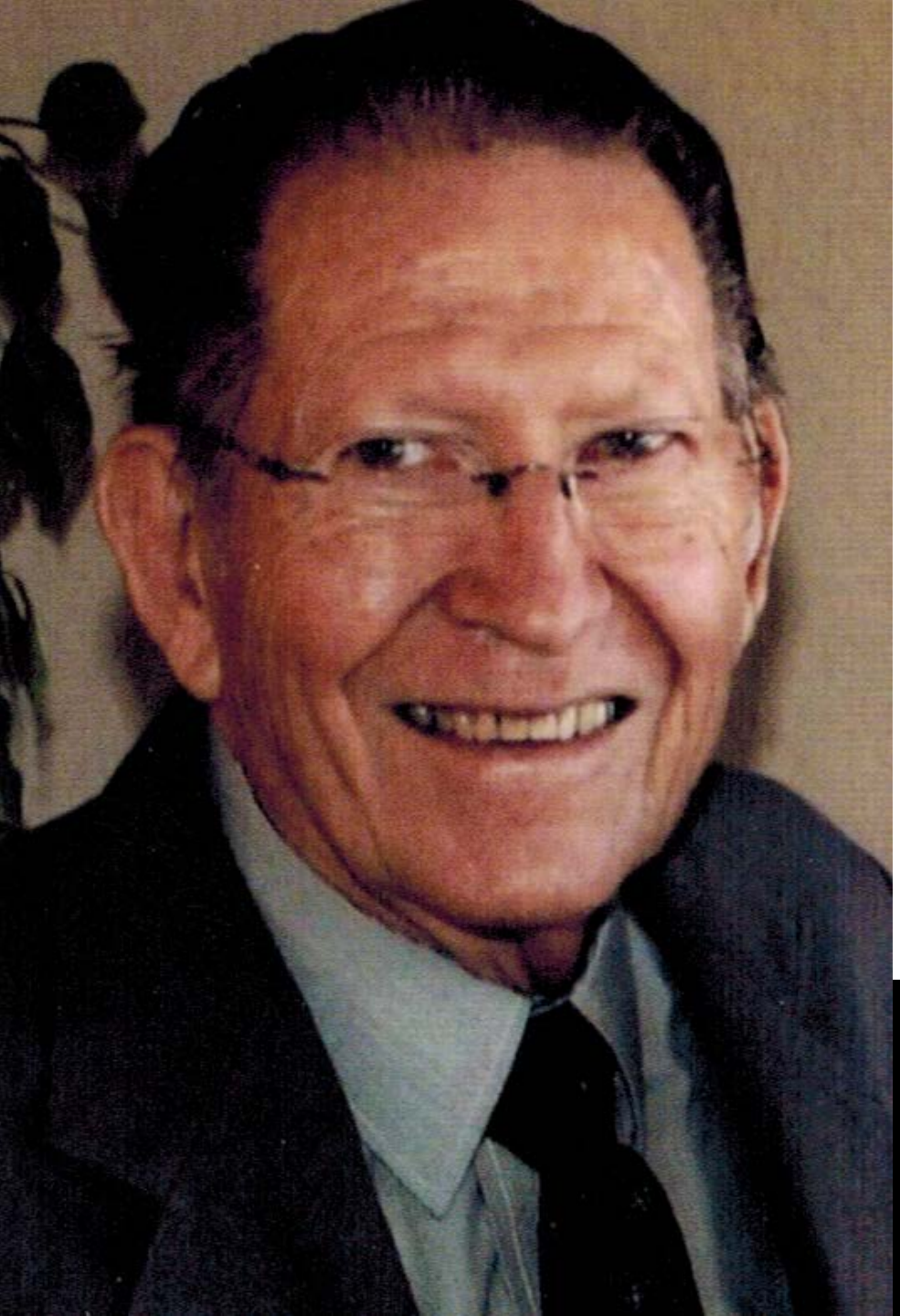
- – Edward T. Creagan, M.D.
  - Emeritus Professor of Medical Oncology, Mayo Clinic Medical School



With Gratitude,

- Jonathan K. Bushman, D.O.

“May the life of the dying bring life to the living.”

References

1. Defining a Good Death (Successful Dying): Literature Review and a Call for Research and Public Dialogue. *Amer Jour Geriatric Psychiatry*. 2016 April; 24(4):261-71.

2. Associations Between End-of-Life Discussions, Patient Mental Health, Medical Care Near Death, and Caregiver Bereavement Adjustment. *JAMA*. 2008; 300(14):1665-1673.