



Do We Have to Talk About This?

*Conversations with your
patients about dying*

Jonathan K. Bushman, D.O.

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/Inheritances
- Where is my stuff going to go?
- Only 37% of adults in the U.S. have an Advance Directive¹
- 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 aimlessness²
- 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 elements³

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
 - Acceptance⁴

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
- Other⁵

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

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**



Ars Moriendi

- Two related Latin texts from 1415/1450
- Inspired by the Bubonic Plague
- *The Lost Art of Dying: Reviving Forgotten Wisdom* by Lydia S. Dugdale, M.D.
- COVID Pandemic has revived the discussion on a global scale

We Are a Privileged Profession

- “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.”

– 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.”

*In memory of Reverend Jerald Alyn Bushman
(March 27, 1931 - April 8, 2021)*

References

1. Approximately One In Three US Adults Completes Any Type Of Advance Directive For End-Of-Life Care. *Health Affairs*. 2017 July; 36(7).
2. Victor Frankl, M.D., *Man's Search for Meaning*
3. Edward T. Creagan, M.D., *Farewell: Vital End-of-Life Questions with Candid Answers from a Leading Palliative and Hospice Physician*
4. Elisabeth Kubler-Ross, M.D., *On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy, and Their Own Families*
5. 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.
6. Associations Between End-of-Life Discussions, Patient Mental Health, Medical Care Near Death, and Caregiver Bereavement Adjustment. *JAMA*. 2008; 300(14):1665-1673.

Useful Links

- Advance Directives – link to a copy of your state’s Advance Directive forms
 - <https://www.aarp.org/caregiving/financial-legal/free-printable-advance-directives/>
- End-of-Life Planning
 - <https://theconversationproject.org/>