

# **How Then Shall We Live? Completing Your Advanced Directives as an Affirmation of Life**

**Normandale Lutheran Church**

**11/20/2011**

# Optimizing both quality and length of life

- An ongoing conversation
- Informed, thoughtful choices
- Careful contingency planning
- Coordinating and utilizing resources
- An actionable health care directive

# Successful Aging

- Staying vital, secure and connected
- The two keys: nurture and community
- The goal: good quality of life until death
- One essential: collaborative, timely and effective health care planning and delivery

# How we think about health and aging

- Recognizing the inverse relationship between physical decline and increasing wisdom
- Shifting the focus from self to others
- Making meaning
- Increasing our security as we embrace its illusion and slowly let go
- Life becoming more sacred as it becomes more fragile

# “The Purpose of Life...

- *... is not to be happy. It is to be useful, to be honorable, to be compassionate, to have it make some difference that you have lived well.” - Ralph Waldo Emerson*
- *“What do we live for if not to make life less difficult for each other?” - George Eliot*

# One Key Pathway...

- Collaborative, timely and effective health care planning and delivery
- Crafting an on-going conversation, characterized by thoughtful contingency planning and mutual reflection
- A couple scenarios

# Frank, a retired businessman

- Multiple myeloma
- Pneumonia
- Kidney damage
- Confusion
- Aspiration pneumonia
- Respiratory distress

# Carolyn, an artist and grandmother

- Bad genes and not the best diet
- Survived a large heart attack at 68
- EF below 20
- Congestive heart failure
- Poor kidney function
- Dialysis?
- Stroke

# Why is all this important?

## The positive reasons

- Feelings of trust and security increase
- More resources get identified
- Families that get involved in care planning become closer and adjust to change - and eventual loss - easier

# Why is all this important?

## The difficult realities

- Efforts to prolong life can unwittingly create experiences of suffering
- The more treatments we use, the greater the risk of complications
- It is costly both to families and to society

# The financial realities:

- Insurance premiums, co-pays and yearly out-of-pocket costs keep going up.
- The cost of drugs and technology to prolong life is expensive!

# The personal costs:

- Painful suffering
- Distressed families
- Financial drain

# The Hard Realities

- More than half of the people who receive CPR die during the attempt
- Of those who survive, nearly all are cared for on an ICU and on a ventilator; half will die in the next two days; most who recover will experience either a mental or physical disability or both
- Only 17% will leave the hospital; 1/3 of them will live in an extended care center

# The Seven principles of advance care planning: #1

The choices and priorities of the individual are at the center of all health care planning and delivery, through every stage of illness.

# The Seven principles of advance care planning: #2

Effective, straightforward, sensitive and open communication between individuals, families, friends and health care workers underpins all planning and activity.

# The Seven principles of advance care planning: #3

High quality end-of-life care is delivered through close multidisciplinary and inter-agency working.

# The Seven principles of advance care planning: #4

Individuals, their families and friends are well informed about the range of options and resources available to them to enable them to be involved in the planning, developing and evaluating of end-of-life care plans and services.

# The Seven principles of advance care planning: #5

Care is delivered in a sensitive, person-centered way that takes account of changing circumstances, wishes and priorities of the individual.

# The Seven principles of advance care planning: #6

Care and support are available to, and continue for, anyone affected by the end of life, and death, of the individual.

# The Seven principles of advance care planning: #7

Physicians, nurses and staff are trained and supported to develop knowledge, skills and attitudes that enable them to initiate and deliver high quality, understandable end-of-life care, and to collaborate with colleagues.

# Advance Care Planning

- Start the conversations now, from the perspective of health and realism
- Think and talk first about what you would want if you suffered a devastating brain injury and could no longer speak for yourself
- ... if you were diagnosed with a chronic, progressive illness.
- Write down your choices. Fill out the health care directive.

# Thinking about the “What if...?”s

- What if I suffer a severe brain injury?
- What if I’m critically injured?
- What if I develop a terminal illness?
- What if I’m told I only have a short time to live?
- What if I can’t communicate?

# Advance Care Planning Questions

- Who would you want to make decisions for you if you were in a coma or unable to communicate?
- If you permanently lost the ability to understand and interact, what would the goals of treatment be?
- What are your personal beliefs/views and how would they affect treatment choices made for you?

# The Difficult Choices

- If my heart or breathing stopped, would I want resuscitation (CPR) attempted?
- Would I want artificial nutrition and hydration?
- Would I want to be on a ventilator (breathing machine) if I couldn't breathe? On dialysis if my kidneys stopped working?
- Where would I want to be if I was approaching the end stage of a terminal illness?

# The goals of advance care planning are:

- Best quality of life with longest length of meaningful life
- Comfort and control during decline
- A “good” death when it must come
- Feelings of trust and security throughout

# The steps for planning:

1. Read the form and talk it through with your loved ones. Imagine the different scenarios and make your initial decisions.
2. If you have been diagnosed with a chronic and progressive illness, talk with your doctor and start to develop a contingency plan.
3. Choose an agent, fill out the form, have it witnessed or notarized, give copies to your loved ones.

# Steps...

4. Give a copy to your doctor and have it entered into your medical record.
5. Keep a copy handy – in your File of Life if you have one.
6. Revisit it at every health status change or every fifth birthday.

## On the lighter side:

A man and his wife were sitting on the couch and he said to her, “Just so you know, I never want to live in a vegetative state, dependent on some machine, and receiving my fluids from a bottle. If that ever happens, just pull the plug.”

So his wife got up, unplugged the TV and threw out all of his beer!

*“The future depends upon what we do in the present.”*

*Mahatma Gandhi*

*“I know God won't give me anything I can't handle. I just wish that he didn't trust me so much.”*

*Mother Teresa*