
Ann Carney Pomper and Eleanor Littman: Life planning includes end-of-life planning

The Patient Protection and Affordable Care Act -- otherwise known as health care reform -- was passed last year after vigorous debate and many compromises. This year, as several key provisions begin to take effect, the debates continue.

To clarify the issues at stake, members of the Health Improvement Partnership HIP of Santa Cruz County have agreed to share their reflections. HIP is a local, countywide collaborative of health, foundation, government and community leaders dedicated to increasing access to care and building a stronger health care delivery system.

Ann Carney Pomper is a HIP member who serves as executive director of Hospice of Santa Cruz County.

Here is an edited version of a recent conversation with HIP Executive Director Eleanor Littman about reimbursing physicians for end-of-life counseling conversations with their patients.

EL: What are some myths about end-of-life planning?

AP: One of the most persistent and harmful is the myth that talking to your doctor about the kind and level of care you'd want at the end of your life will lead to rationing or withholding needed care.

End-of-life planning -- and talking to your doctor and loved ones about your wishes -- is about respecting your choices. If you want everything possible done for you, that's one choice. Another choice relates to an unforeseen circumstance where you might not want heroic measures taken and where you

were not able to speak up for yourself. If so, what you want would be important information for your doctor and your relatives to know. However, they can't know that unless you have that discussion.

The so-called "death panels" are not intended to ration or deny care. The phrase is a misnomer for the simple idea that doctors would be reimbursed for the time that it takes to have a conversation with their patients about what the patient would and would not like done under these circumstances. It's completely voluntary; if you don't want to have that conversation or are not ready to do so, you are not required to have it. And if you change your mind, you're always free to do so. But if you don't have this conversation and specify your wishes, you may be in a situation in which someone else -- often, a stranger who doesn't know you -- will be forced to make decisions for you.

EL: Why do you think this myth is so persistent?

AP: In part, it's because our society has a hard time talking about death and dying. There's a lot of fear and emotion attached to these conversations. Within the health care system -- the place where these discussions might logically take place -- there's really no place to have the conversation until you're faced with a life-threatening condition. That's not the best time to start thinking about these things.

EL: What can people do to prepare for these conversations?

AP: Regardless of whether the conversation with your doctor ends up being covered under the Medicare guidelines which is what the policy fight was about, adults should make their wishes known -- to their health care providers and their family members. An advance directive which includes a living will and health care proxy makes this easier, so we recommend reviewing the form and completing it. The next step is making sure that your loved ones understand your wishes, whatever they may be.

EL: Where can people go for more information?

AP: Our website, www.hospicesantacruz.org, has links to advance directive forms, as does the National Hospice and Palliative Care Organization www.nhpc.org.