

Sharon Tapper and Julie Boudreau: The need for end-of-life planning

The end of life, whether it comes suddenly or with some warning, is always difficult -- for patients, for loved ones, and for the providers who care for them.

No one can predict exactly when the end of life will come, but many of us have strong feelings and preferences about how it could come and where we'd want to be. If we could choose, most of us would want our deaths to be at home and as painless as possible.

Unfortunately, our fear of death and dying and reluctance to discuss these issues make it less likely that we will have the peaceful, painless death most of us would choose if we could. We plan for our children's education, for buying a house, and for retirement, yet most of us don't plan for the end of our lives.

Advance care planning, or making your specific wishes known through an advance health care directive formerly called a "living will", is one way to communicate the kinds of treatments you would like performed or not if you are incapacitated and unable to communicate. Advance directives are an important step, but may not help if your loved ones or medical providers are not aware of the document and its contents.

Gov. Schwarzenegger gave us another tool to improve end-of-life communication and care when he signed legislation implementing Physician Orders for Life Sustaining Treatment POLST. POLST is a physician's order that gives patients more control over their end-of-life care. Signed by both doctor and patient on a distinctive bright pink form, POLST specifies the types of medical care that a patient wishes to receive toward the end of life. The form travels with the patient if he or she is moved between facilities or back home, preventing unwanted or medically ineffective care, reducing patient and family suffering, and ensuring that patients' wishes are honored.

Like advance directives, POLST is an opportunity for a voluntary conversation between patient and provider mischaracterized as "death panels" by some. The Advance Care Planning provisions in health reform bills simply were designed to allow Medicare reimbursement for physicians if their patients wanted to have these conversations -- and to allow reimbursements at five-year intervals, as patients' preferences may change over time.

Dr. Jeff Gordon, an Ohio physician, notes that today's high-tech interventions at the end of life "can prolong dying, but not provide quality living." Indeed, the miraculous resuscitations we see on TV don't happen very often in real life, especially for older patients. They can lead instead to cracked ribs, infections, drug reactions, pain and disorientation -- and, more often than not, a hospital death hooked to tubes and instruments.

Dying is the final, inevitable part of living. We owe it to ourselves and our loved ones to give our final days some thought ahead of time, and to communicate our wishes to one another. The Health Improvement Partnership, a local coalition of leading health care providers, recommends that individuals speak with their primary care provider, family members, and others on an on-going basis, particularly as advance planning decisions can change over time to reflect new decisions.

A local POLST coalition will lead a county-wide roll-out to spread the word about POLST in mid-October. If you think you or someone you love might benefit, please talk to your doctor about POLST and visit polst.org to learn more.

Sharon Tapper is co-director of Palliative Care at Dominican Hospital. Julie Boudreau is coordinator of the Santa Cruz County POLST Initiative, which includes over 30 organizations, including the Health Improvement Partnership.