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# Provide Peace of Mind

## FOR YOUR FAMILY

by Dr. Patricia A. Bomba

**W**hat will happen if you experience a sudden illness that prevents you from making your own medical decisions? Will your family or loved ones know enough about what you value and believe to feel comfortable about making decisions about your care?

Everyone 18 years of age or older should express their health care preferences and end-of-life wishes to family members and their physician and put them in writing in a legal document called an *advance directive*. This discussion and documentation process is known as *Advance Care Planning*, and it will spare your loved ones the emotional burden and turmoil that come with trying to guess what your wishes might have been, particularly during a medical crisis when you can't speak for yourself.

In 2002, *Means to a Better End*, the first national end-of-life report card, reported that just 15 to 20 percent of Americans had an advance directive. Unfortunately, the completion rate had not increased since Americans were given a right to do so with the 1991 Patient Self-Determination Act. That's probably because many people believe this is an issue solely for the elderly or the seriously ill. In November 2005, the Pew Center reported that 29 percent of Americans have an advance directive. Experts speculate that this increase likely represents a silver lining to the tragic case of Terri Schiavo that prompted these questions to be openly and thoughtfully discussed.

The reality is that these conversations should begin when individuals are young, healthy and independent, and they should continue as our life experiences transform our views of what is important, and what we are willing to undergo in terms of medical treatments and interventions.

Advance Care Planning is a process that asks individuals to explore, clarify and put in writing their values, beliefs, goals of care and expectations. It requires them to name a legal spokesperson, and an alternate, who will work best with physicians and health care providers to carry out patient wishes. And it also requires them

to complete the necessary legal documents, keep them up-to-date and make them accessible to their spokesperson, provider and others.

If one begins to view Advance Care Planning as part of health and wellness, then review can be integrated with periodic health evaluation, such as the annual gynecologic exam. By reviewing advance directives along with nutrition, exercise, smoking, injury prevention, stress management, etc., the importance is clarified and the fear of discussion is demystified.

Copies of a step-by-step booklet on Advance Care Planning can be obtained free of charge by visiting [www.compassionandsupport.org](http://www.compassionandsupport.org), a community Web site dedicated to helping individuals "Know Your Choices. Share Your Wishes." A new video on traditional advance directives called *Community Conversations on Compassionate Care* along with Five Easy Steps for completing an advance directive can be viewed on-line at [www.compassionandsupport.org](http://www.compassionandsupport.org).

An advance directive may be called a Health Care Proxy, Living Will, Durable Power of Attorney for Health Care or Advance Directive for Health Care, depending on the state in which you reside. Forms may vary but the process remains the same. State-specific forms can be obtained at [www.caringinfo.org](http://www.caringinfo.org).

For more information on Advance Care Planning, Medical Orders for Life-Sustaining Treatment (MOLST), palliative care and other end-of-life resources for patients, families, health care and other professionals created by the Community-Wide End-of-life/Palliative Care Initiative, view [www.compassionandsupport.org](http://www.compassionandsupport.org). ■



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