



## Advance Care Planning Conversations Can Be Difficult, But Essential

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Talking about dying—indeed planning for it—is difficult for most people. As a result, far too many of us don't do it. During the past year my goal as president of the Wisconsin Medical Society (Society), has been to increase awareness about the importance of end-of-life conversations. I believe it's essential that everyone talk with loved ones about their health care wishes in the event that they are unable to make those decisions themselves. Then, we need to complete an advance directive and share that information with our physician.

Wisconsin law recognizes 2 forms of advance directives: Power of Attorney (POA) for Health Care and Declaration to Physicians (Wisconsin living will).

According to statistics from the State Bar of Wisconsin, an estimated 80% of Wisconsin adults—including 50% of those with severe or terminal illnesses—have not completed an advance directive to document their preferences about issues surrounding end-of-life decisions.<sup>1</sup>

These statistics are similar to those nationwide. According to a 2006 report from the

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Pew Research Center, just 29% of those surveyed (N=1500) had a living will, and even fewer had taken steps to appoint a health care power of attorney.<sup>2</sup>

Doctors, on the other hand, are more likely to communicate their wishes. In a recent Wall Street Journal article titled *Why Doctors Die Differently*,<sup>3</sup> Dr Ken Murray cites a survey of

comes, no heroic measures are taken. During their last moments, they know, for instance, that they don't want someone breaking their ribs by performing cardiopulmonary resuscitation."<sup>3</sup>

Generally speaking, I agree. Last year during its Annual Meeting, the Society screened the film "Consider the Conversation—A

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765 doctors, 64% of whom had created an advance directive—a number far above the national average.<sup>3</sup>

I surveyed a number of physicians as well, with similar results. Of the 1165 physicians who responded, 61% said they have completed an advance directive, and 26% indicated they plan to do so in the next 12 months.

So why are doctors ahead of their patients when it comes to advance care planning?

In his article, Dr Murray said, "Doctors don't want to die any more than anyone else does. But they usually have talked about the limits of modern medicine with their families. They want to make sure that, when the time

Documentary on a Taboo Subject." This film, which has aired on public television stations across the country, explores society's perceptions about end-of-life issues. It points out that dying often doesn't occur in the same way it did in previous generations: with many family members and neighbors gathered together, taking care of their loved one, at home. Because of advances in medical technology and families scattered across the country, death often occurs in the hospital even though what many people say they want at the end of their lives is to die at home surrounded by their loved ones.

As a primary care physician who is privi-

leged to care for a significant number of elderly patients, I've seen too often situations in which a patient experiences a stroke or heart attack, or the progression of cancer or another medical condition leaves them unable to communicate. Family members and loved ones agonize because they simply don't know what treatment their mother or husband or grandparent or son would want. Serving as a "surrogate decision-maker" is extremely stressful. Would their loved one choose aggressive treatment to prolong their life? Would they refuse a feeding tube, intubation or other medical options? Or would they choose something they feel is in the middle?

Advance care planning is not about giving up hope or trying to put limits on the care a person receives. Indeed, it can be used to ensure that every possible medical intervention is deployed. Rather, it's about having a conversation with loved ones about what is important to us so our wishes can be honored when the time comes—in a year or 20 years.

Hopefully, by now you are wondering

what you can do to help your family, friends, and patients have a conversation about their advance care planning and take action. Consider the following:

- If you haven't done so already, I suggest you start by sharing your wishes with your loved ones and completing your own health care POA document. Then work with medical staff at your hospital or clinic to encourage nurses, case managers, and social workers to do the same.
- When you do a complete evaluation or clear a patient for elective surgery, strongly encourage your patient to have a conversation with his or her loved ones and complete their own health care POA.
- Ask your medical school to encourage students to complete a health care POA as part of their training.
- Ask to speak about the importance of advance care planning at your hospital, clinic, place of worship, or a local community group. (The Wisconsin Medical Society has resources available that can assist you.)

Advance care planning shouldn't be a taboo subject. Instead, it is an opportunity to empower people to advocate for the care they want for themselves as their life comes to an end. As a dear friend once said to me, "None of us are getting out of here alive."

As physicians, we can empower patients by helping them understand the importance of communicating their wishes to their loved ones. It's difficult to start a conversation about the end of life, but it is critical so our choices are honored by those who care for us.

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