



Conversations About END-OF-LIFE CARE

BY ANN MASSIE NELSON

END-OF-LIFE CARE BEGINS WITH THE CONVERSATION

Talking about our wishes for health care at the end of life remains one of the most difficult conversations. According to a recent survey by The Conversation Project, 90 percent of

people believe it's important to talk with their loved ones about end-of-life medical treatment, yet only 30 percent have had the conversation.

A number of tools exist to help people document their decisions

regarding medical treatment in the event they become unable to communicate their wishes. The Wisconsin Medical Society offers sample forms for creating written advance directives and appointing a healthcare proxy, available in the

Honoring Choices section of the society's website.

Regrettably, these written documents are often stored in a file drawer or safety deposit box. When faced with making a decision on your behalf, your healthcare proxy may have little or no understanding of your choices or the values and goals you have for end-of-life care. The result is your wishes may not be upheld, your proxy may be unnecessarily burdened, and your family may disagree about what's best for you.

CHOOSE YOUR HEALTHCARE PROXY WISELY

Ideally, the first conversation occurs before you appoint someone to act on your behalf. Often people appoint their spouse or an adult child as healthcare proxy without considering if that person will be able or willing to carry out their wishes in a crisis. Consider sharing your wishes for medical treatment and ask, "If something happens to me, will you support my decisions and speak on my behalf?"

Tell other family members who you have appointed your healthcare proxy so no one is surprised. Let them know your wishes so they can support your healthcare proxy in making difficult decisions.

CONVERSATION BEGINS WITH YOU

Your loved ones probably will feel reluctant to bring up end-of-life topics, so you are responsible for breaking the ice. Sometimes a famous person's death or a controversial decision regarding end-of-life medical treatment in the news triggers a conversation about our own wishes.

But why wait for an opening? You can say, "I'm fine now, but if something

happens to me, I want you to know what kind of care I would like at the end of my life," or "I want you to be able to communicate for me if I can't speak for myself. I don't want you to second-guess yourself."

WHAT IF YOU CHANGE YOUR MIND?

Your advance-care directive isn't written in stone. Review your advance directive annually (April 16, National Healthcare Decisions Day, is a good time) or any time a life-changing event—death of a spouse, divorce, or a diagnosis of disease—calls for it. When your wishes change, remember to tell your healthcare proxy and loved ones.

Having the conversation reduces burden of decision-making, improves family harmony, and gives everyone peace of mind. When you initiate these conversations, it's helpful to remember that it isn't about how you want to die, but how you want to live at the end of your life.

The Conversation Project.
theconversationproject.org

Honoring Choices Wisconsin.
wisconsinmedicalsociety.org/
/professional/hcw

Ann Massie Nelson is co-founder of Life Messages Media, LLC (lifemessagesmedia.com), a Madison-based video production company that records individuals' wishes regarding end-of-life care and other important messages.



progress on a regular basis to ensure your plan evolves as your needs/situation change.

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