THE IMPORTANCE OF END-OF-LIFE CONVERSATIONS

To the Editor:

I read with great interest the article “End-of-Life Conversations as a Legacy” by Sorrell (2018) in the January 2018 issue of the Journal of Psychosocial Nursing and Mental Health Services, discussing the importance of making end-of-life (EOL) decisions for individuals.

My grandmother is 83 years old, and she has been experiencing health-related issues for quite some time. At this point in her life, my grandmother does not have the mental capacity to make informed decisions about EOL procedures. Fortunately, most of her EOL decisions are already set. I think it is very important for the individual to try to “plan” his/her death as early as possible. Instead EOL conversations relating to the upsetting mood of death, they should relate to fulfilling wishes and coming to an end peacefully—when it is time, of course.

Initiating EOL conversations and implementing advance care directives are two acts relevant to health care. According to MedlinePlus (2017, para. 1), an advance care directive is:

...a legal document that tells your providers what care you agree to in advance of this type of situation. With this document, you can tell your providers what medical treatment you do not want to have and what treatment you want no matter how ill you are.

To be specific, a living will is a document that expresses the health care procedures an individual does or does not wish to pursue, such as blood transfusions, surgeries, cardiopulmonary resuscitation, breathing machines, and feeding tubes. Another advance care directive is a special health care power of attorney, which is “...a legal document that allows you to name someone else (a health care agent or proxy) to make health care decisions for you when you cannot” (MedlinePlus, 2017, para. 6). Medical personnel have requirements and procedures that they have to follow when certain situations arrive; having EOL conversations and sorting out advance care directives relieves health care professionals from performing unwanted procedures. An individual has a right to decide what happens to his/her own body, but it is necessary to have written documentation; otherwise, health care professionals must do what is required by law without the needed paperwork present.

Evidence-based practice (EBP) has three main principles, one of them being “...client/patient/caregiver perspectives to provide high-quality services reflecting the interests, values, needs, and choices of the individuals we serve” (American Speech-Language-Hearing Association, 2018, para. 1).

Sorrell (2018) discusses a study that comprised 68 participants engaging in a card game, My Gift of Grace, that brings up EOL topics (Van Scoy et al., 2017). Creating a “fun” way to discuss EOL wishes triggered some individuals involved in the study to get the ball rolling.

Izumi (2017) emphasizes some of the main points present in Sorrell’s (2018) article, including starting advance care planning (ACP) early in adulthood and the importance of nurses when it comes to these types of conversations. When explaining why most individuals avoid EOL conversations, Izumi (2017, p. 58) states, “Many clinicians as well as patients and families associate ACP with dying.” When medical professionals bring up ACP, patients tend to become worried and stress about something being wrong, even if they are completely healthy. Individuals do not want to think about a time in their lives when they are not going to be healthy and/or capable of making insightful decisions. In addition, health care providers do not want to make their patients uncomfortable; the mention of ACP is intense and nerve-wracking for everyone involved. Unfortunately, no one knows when illness is going to strike, so it is important to have all advance care directives sorted out so there is no possible confusion in the future. To help promote the discussion of EOL procedures Izumi (2017, p. 59) states:

Clarification of ACP as an ongoing, future-oriented process to identify and honor each person’s values and preferences, rather than as actual decision making at the end of life, is fundamental. Key to its successful implementation is for all health care team members across an organization to share the same understanding of and goals for the process.

Citing The Conversation Project National Survey, Sorrell (2018, p. 33) states that “research suggests 90% of individuals believe that talking to loved ones about end-of-life (EOL) wishes is important, but only 27% have done so.” This statistic needs to change. It is so
important, for many different reasons, for families to implement ACP, and the sooner the better. Sorrell (2018) mentions the case of Ellen Goodman as an example of why EOL conversations need to happen with family members. Talking about Goodman, Sorrell (2018, p. 32) states, “She wondered if her father felt alone in the silence surrounding him because of the family’s inability to talk about death.” Completing advance care directives can relieve the “what-ifs” and help the family come to terms with an individual’s death due to that individual’s wishes being granted. It is becoming easier to break such tough barriers with family members due to games that help families discuss EOL wishes, such as the My Gift of Grace (Van Scoy et al., 2017).

The younger generation is the future generation of older adults lying in hospital beds unable to make conscientious decisions. If young adults start to embrace the importance of and create advance care directives, hopefully the “trend” will be passed down. An individual’s life is precious, and it is an amazing thing to die with dignity.

REFERENCES

Morgan Mrowka
Health Studies Student, Utica College
Utica, New York

The author has disclosed no potential conflicts of interest, financial or otherwise.

Reply:
Thank you for the important points you emphasize in your letter about helping individuals make end-of-life (EOL) decisions at a time in their lives when they have the mental capacity to do so. As you note, these conversations can be implemented in a way that not only helps fulfill wishes for a peaceful end, but also celebrates the individual’s life. Sharing the example of your 83-year-old grandmother helps us realize that EOL conversations can bring great benefit to the entire family. All health care professionals can benefit from your important emphasis that “Completing advance care directives can relieve the ‘what-ifs’ and help the family come to terms with an individual’s death due to that individual’s wishes being granted.”

Jeanne M. Sorrell, PhD, RN, FAAN
Section Editor, Aging Matters

The author has disclosed no potential conflicts of interest, financial or otherwise.

doi:10.3928/02793695-20180619-02