

Family Tapestries Strengthening Family Bonds



Fact Sheet

Last Wishes

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Today, death usually comes slowly, in old age, with chronic illness, and only after every possible medical intervention has failed. Because many people “fear a technological death in a modern hospital,” (Cheyfitz, 1999, p. 10) and because the baby boomer generation is quickly approaching old age, the demand for a more compassionate way of dying is becoming more intense.

With a terminal diagnosis, families are forced to address many difficult issues including how one wishes to die. But, who decides? Historically, physicians decided on appropriate treatments for the dying. Today, court decisions have established the patient’s right to refuse medical treatment, even when it leads to death. When given the right to choose, individuals typically make decisions based on their perception of “life ownership—does God, the state or the individual own a life” (Ross & Kaplan, 1993 as cited in Kaplan, 1999, p. 2).

This fact sheet is designed to help individuals examine choices that dying individuals and their families face. The National Issues Forums’ book *At Death’s Door: What Are the Choices* identifies three end-of-life options. The three choices include allowing patients to die with dignity, improving care for the dying, and sustaining life. The pros and cons of each choice are outlined below. Also included are suggestions for further study and assistance with delineating one’s last wishes.

Let Patients Die with Dignity

Supporters of this view believe that society should protect the rights of individuals to die with dignity. They believe that the dying should not be forced to endure pain, suffering, and life-prolonging medical treatments. Proponents favor changing current laws to allow physicians to assist patients who wish to end their lives. They believe that strict guidelines should be developed to determine who qualifies for this assistance.

Opponents believe that this is a dangerous proposition that would likely lead to abuse. They feel that patients who have limited financial resources and whose health care could become a family burden might view this choice as their only viable option. They believe that many who wish for an end to their suffering are depressed as a result of worry and fear. They advocate treatment of depression, not death.

Improve Care for the Dying

Advocates of this choice believe that patients should have more control of treatment decisions and the right to decide between curative and palliative (comfort) care. They believe physicians need to learn how to care for dying patients and to clearly communicate treatment options. Hospice professionals provide in-home palliative care by treating the dying patient’s pain and depression and also providing grief support to the family. Proponents of this choice would like to

expand Hospice care and favor requiring insurance companies to pay for at-home care of the dying.

To receive Hospice care, patients and their physicians must acknowledge that death is impending. As a result, opponents of this choice argue that Hospice care only reaches patients who are very near death and therefore is not available to those in earlier stages of decline. Requiring insurance coverage for palliative care will result in increased insurance costs, particularly for families who cannot afford current health insurance rates. Opponents feel that Hospice care is more appropriate for specific diseases like cancer, emphysema, or kidney failure and less appropriate for wasting illnesses like dementia. Finally, opponents warn that patient control over medical treatment may lead to premature or unnecessary death because patients often do not have the medical expertise to make informed decisions.

Sustain Life

Proponents of this choice believe that life is precious and society should protect life at all costs. They argue that the physician's role is to cure illness, but if patients cannot be healed, then their pain should be minimized. They believe that it is unfair to expect doctors to decide whose life is worth saving, and that health care costs should not be a consideration when attempting to prolong life.

Opponents suggest that the choice to sustain life, despite the type of diagnosis, forces patients to endure prolonged pain and suffering, often against their will. Opponents also argue that this form of treatment is an inefficient use of financial resources.

Making One's Wishes Known

Although it is not pleasant to contemplate future health impairments and the need for life-

sustaining treatments, it is important to learn about end-of-life options and document one's preferences while in good health. Individuals may want to discuss the options with their family, physicians, attorney, and pastor, priest, or rabbi. It is important that all of the individuals who provide vital services understand one's wishes and agree to carry them out in the event of cognitive impairment.

In Ohio, individuals can document their last wishes through legal tools including a Living Will, Durable Power of Attorney for Health Care, and Do-Not-Resuscitate Orders. To learn more about these documents and the circumstances in which they become effective, talk with your attorney, physician, or hospital representative. You may also want to contact your local Ohio State University Extension office and ask for a copy of:

- Ohio's Living Will—A Guide to Ohio's Living Will
- Durable Power of Attorney for Health Care—A Guide to Ohio's Durable Power of Attorney for Health Care

In a time when individuals have the freedom to identify their last wishes, it is important that they use all of the resources available to make informed choices.

References

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