

# End-of-Life Care and Considerations

*How will I live out my life? What kind of care and treatments do I want if I am in poor health? Where would I like to die? What are the details of my final arrangements? Who will make healthcare decisions for me if I can't make them for myself?*

Complex questions for the increasingly complicated world of healthcare – and yet questions that we need to ask now, more than ever. New medical technologies may allow us to live to an advanced old age. More effective medications, dialysis, heart defibrillators and pacemakers may keep many of us surviving decades longer than our parents and grandparents, even if our overall health is frail and declining. Many diseases, which would previously have been terminal, are now much less threatening. Even victims of extreme trauma are able to live for a long time.

There are no easy answers. We will all die eventually, but for many of us dying may be a lingering process, rather than the sudden event commonly experienced in previous generations. Because we die differently now, there are different issues we may want to consider.

## **HARD CONVERSATIONS WITH THOSE WHO ARE CLOSE TO YOU**

You've probably heard of advance directives, the documents in which you can record your healthcare wishes, as well as the disposition of your property and assets. But completing written advance directives is only part of what's needed. You also need to tell your loved ones exactly what your wishes are. Try to do this in a group situation so that multiple family members and friends can hear first hand just what you want.

the perfect balance between  
**health & care.**

Of course, you also need to back up these important conversations with written instructions – the Durable Power of Attorney for Healthcare, and the Living Will, at the very least – you can always go back and rewrite them if your wishes change. But tell those who are close to you exactly what you want. The more often you have these difficult conversations, the easier they become.

## **THINK ABOUT WHO WILL TAKE CARE OF YOU**

You may assume that your spouse will outlive you, and take care of you when you're sick. But what if this doesn't happen? Do you have another available family member who can step in to take over? What if you're unmarried? What if other family members or close friends all have outside jobs? What if they live far away? Who will become your caregiver if there isn't an obvious choice? Caregiving is now so common that it is an expected stage of the American life cycle. After we retire from the workforce,

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chances are we'll be caring for a parent, or spouse, or other loved one for many years. Try not to make assumptions about who will fill this role for you. Try to plan ahead as much as possible.

### **BE REALISTIC ABOUT COSTS**

Growing older when you have chronic health conditions can be expensive. The costs of medications and other treatments, insurance policies, and medical equipment to make life easier all add up. Hiring in-home care, from nurses, or trained aides, or sitters, can cost thousands of dollars every month. Public assistance programs tend to be limited to those who are extremely poor. Unless you are very wealthy, you may find that your nest egg is disappearing at a shockingly fast rate. But some careful planning will help you avoid such financial challenges. You may benefit from consulting with an elder law attorney, specialists in the legal and financial aspects of aging. You may want to purchase long-term care insurance. You may be eligible for certain veteran's programs that can provide cash assistance when you most need it. If you learn about your future options when you're healthy, you'll be better able to control what happens when you get sick.

### **WHAT IF YOUR BODY OUTLASTS YOUR MIND?**

You have heard the term "dementia," which was referred to years ago as "senility." Dementia is a condition that causes an overall decline in mental functioning, with symptoms such as memory loss, confusion and personality changes. There are many different causes of dementia; in later life, Alzheimer's disease is the most common cause. Because we are living longer than ever before, more of us will develop dementia. Dementia rarely strikes suddenly. Usually it results in a slow decline, not necessarily noticed much by others in its early stages. But because the onset can be gradual, it's especially important to contemplate in your younger years just what you'd like to have happen if you develop dementia. It's a difficult subject, but realizing that this condition is now so common can help you to organize your wishes for the future.

### **HOSPICE CARE: THE BASICS**

If you develop a life-limiting illness, you may want to consider having hospice care. Hospice care is an organized program for people who have a terminal illness. In most

cases, the treatment goal focuses on the management of pain and other distressing symptoms. It is about the quality of life, rather than the length of life. Any life-limiting illness is appropriate for hospice care. Among older adults, common terminal illnesses are caused by cancer, heart disease, lung disease or late stage dementia. Sometimes patients are eligible for this type of care because they have multiple chronic health problems, which result in a general failure to thrive. Hospice is a separate benefit under Medicare. It provides an interdisciplinary healthcare team, prescription medications and necessary medical equipment. Hospice care is usually provided in the patient's home, even if the patient is living in a long-term care facility. Medicare will often cover inpatient hospice care, in special residential settings. All hospice care must begin with a physician's order to the hospice program of choice. At that time, a hospice nurse will evaluate the patient to determine if he or she meets hospice criteria.

You also may hear the term "palliative care," especially if you or a loved one is hospitalized. A patient who is not responding well to medical interventions may be referred to a palliative care nurse, a healthcare professional who specializes in relieving patient suffering. Most often, palliative care will eventually transition into hospice care, but exactly when this change occurs depends upon the medical status of the patient, as well as individual and family wishes.

### **HOW SIXTY PLUS CAN HELP**

The licensed clinical social workers at Sixty Plus are specialists in advance care planning. They can answer your questions about end-of-life care, whether you have general questions about the future, or if you are caring for someone who may be terminally ill. They can explain hospice care, palliative care, the importance of signing advance directives, and the financial costs that potentially can be incurred for those families facing an end-of-life situation.

#### **Contact us to schedule an appointment:**

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Or drop by our offices located on the lobby level of the 35 Professional Building.

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