

# CONVERSATIONS ABOUT DYING

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# OBJECTIVES

1. Identify barriers to conversations about dying.
2. Discuss consequences for failing to discuss end of life preferences.
3. Identify resources for initiating conversations.
4. Discuss resources for documenting end-of-life preferences.



marshmallows and weaners optional

# WHERE WE ARE

- 30% of Medicare beneficiaries die at home
- 17% of adults talk with MD about ACP
- <30% of adults have advance directives



# WHERE WE WANT TO BE

- 90% of people want to receive EOL care at home
- 41% want to talk with doctors about ACP
- 100% should participate in ACP



# BARRIERS

- Timing
- Previous experience with health care
- Individual attitudes
- Health care professional's skill
- Advance Directives

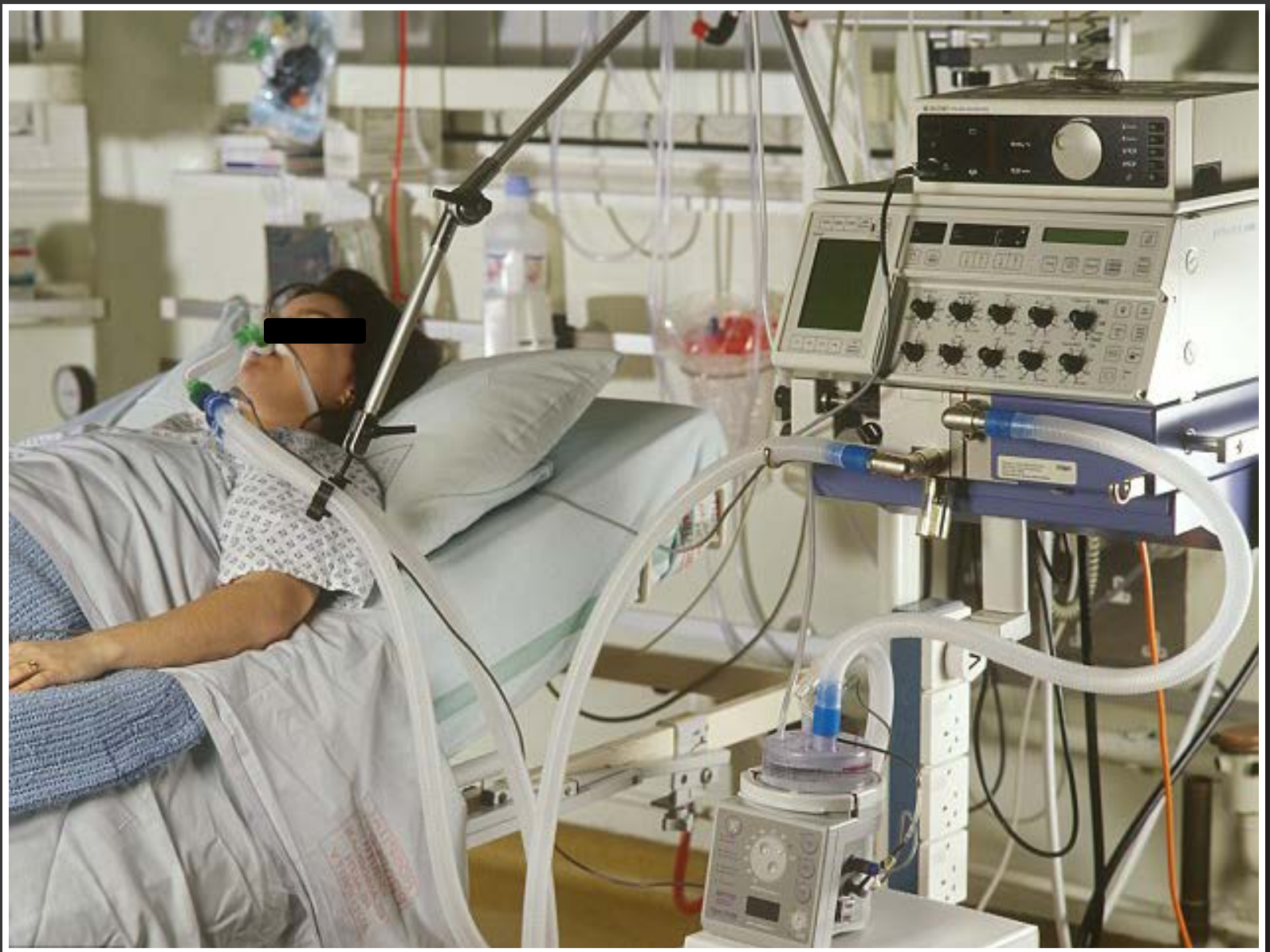




# ADVANCES IN MEDICINE

- HIV Cocktails
- Targeted Cancer Therapies
- Miracles
  - Babies
  - Mothers
  - Survivors





Chronically Critically Ill



**News Flash:  
100% of People Will DIE...**



# FACT OR FICTION

- Television CPR survival is  $>75\%$
- General public predicts 54% survival to discharge for in-hospital CPR
- Overall, survival for victims of cardiac arrest to hospital discharge has been estimated between 0% and 10%.

Marco & Larkin, 2008

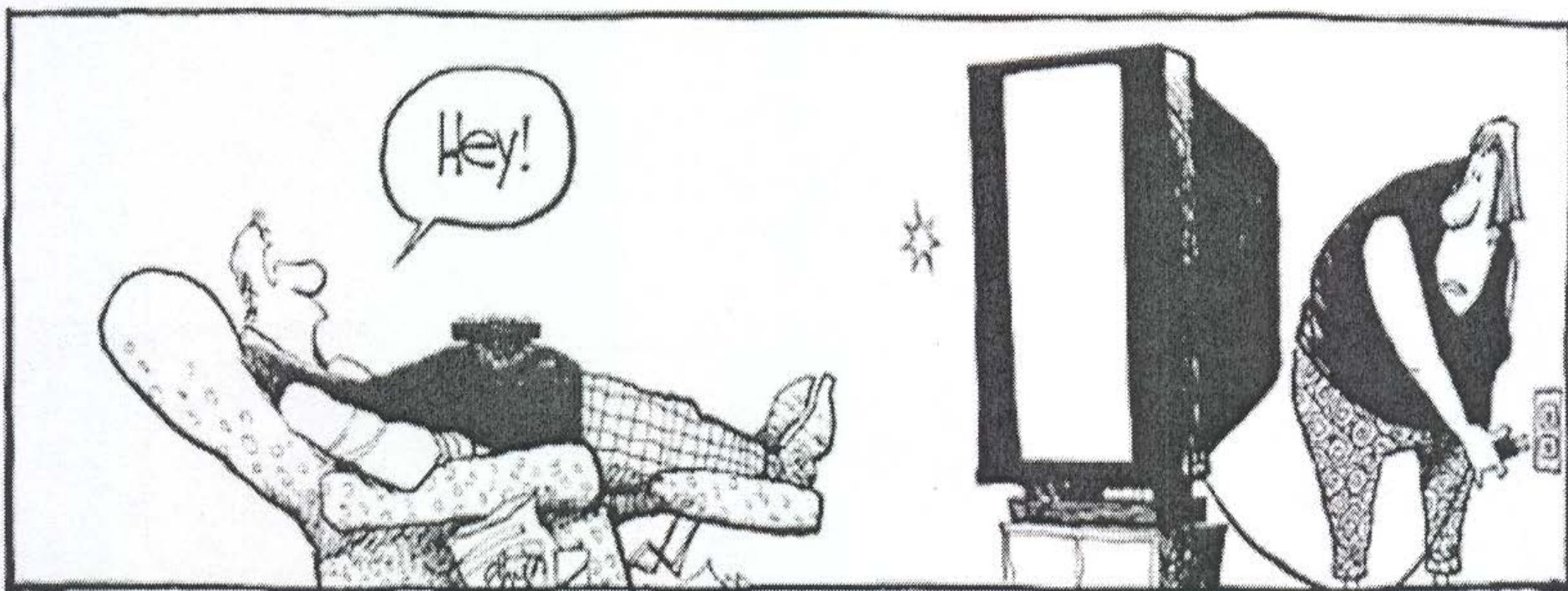
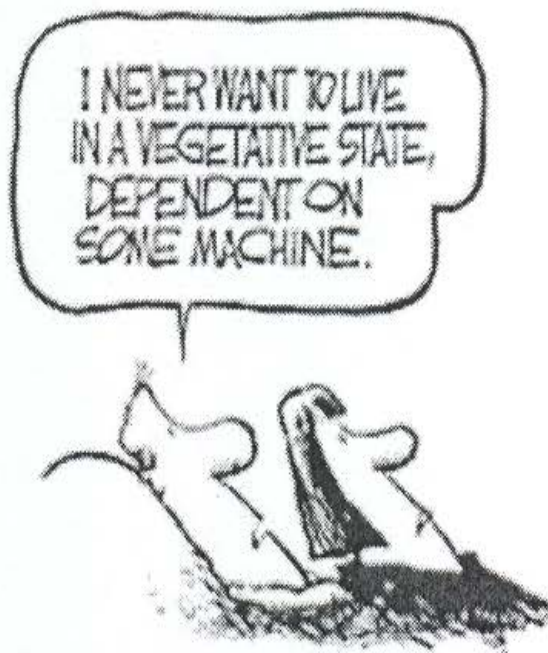


# TAKING CHANCES

- Roughly 2.5 million people die each year.
- Nearly 50% of hospitalized older adults need a surrogate to make decisions for them.
- >30 % of these patients are on life support.
- Decision making falls to surrogates, usually family members.

Torke et al, 2014







# IMPACT

- Surrogates report problems with communication and decision making
  - delays in hospital decision such as DNR orders
  - high levels of unwanted care
- Surrogates also report high levels of posttraumatic stress, anxiety and depression.



# CHANGING OUR APPROACH

- Go Wish
- Caring Conversations
- PREPARE
- The Conversation Project
- Death Cafes
- My Gift of Grace

Abba et al, 2013



Imagine...



# A GREAT GIFT



LISTEN AND SILENT  
Think about it.



# PLAN

- Attendants
- Amenities
- Interventions
- Pain relief
- Feeding





# ETHICAL TENSION

Primary  
obligation to  
patients



Use  
healthcare  
resources  
responsibly

# DOCUMENTING PREFERENCES

- National Health Decisions Day  
([www.nhdd.org](http://www.nhdd.org))
- ISDH Brochure on Advance Directives
  - Living Will
  - DPOAHC/HCR
  - POST



# ETHICS SPEAK

The expected utility for each option is the expected benefit minus the cost or harm

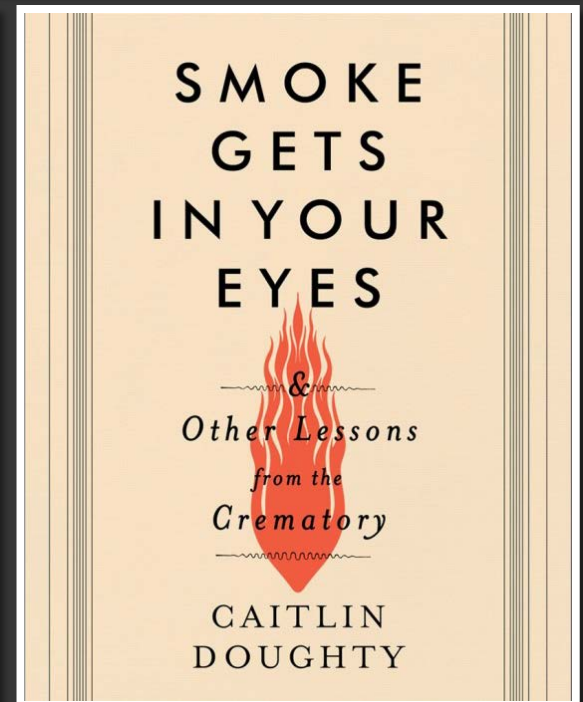
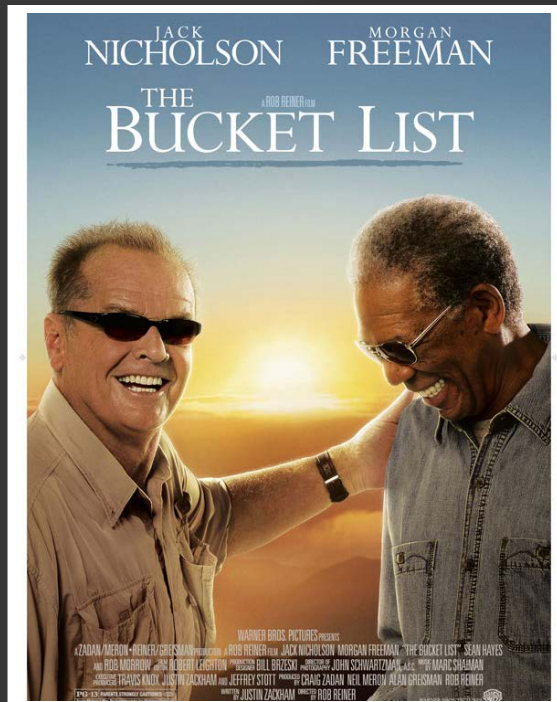
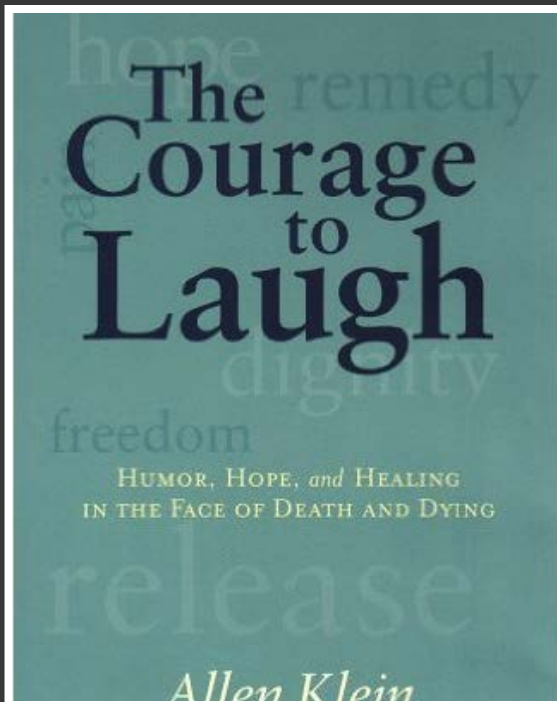


# PLAIN LANGUAGE

Would a reasonable, rational person prefer to end such a life in order to end its pain and suffering, even though this means the end of all pleasures and projects as well?



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***Before  
I die...***

April 15-17, 2016  
Indianapolis, IN





# VALUE PROPOSITION

- Support meaningful dialogue about EOL preferences
- Promote seamless coordinated care
- Support patient centered medical care
- Foster responsible resource utilization
- Improve quality of life for people with multiple co-morbid conditions

Comments?  
Questions?

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