

Preparing for End of Life: Psychological Barriers

Torah in Motion 2023 – Shabbat morning 11:30

Michelle Friedman MD

- I. End of life (EOL) planning important for all ages – WHY? WHAT are the specifics of advance care directives? WHO initiates these conversations,

A. WHY?

Advance Directives definition – setting up a plan for medical decision making in the case of the person not being able to speak for themselves – specifically –
Living Will (specific medical treatments) and/or **appointing a Health Care Proxy** –
Having a designated person preferable – Sometimes the more specific we are, the fewer options we have – ties the hands of the agent and h/c providers, can't know now what future will bring and how we will feel

think of this in older years but incredibly important at all adult ages – COVID taught us this – young adults mortally ill – who makes crucial decisions? Who has access to confidential medical information

1. Maximal autonomy over one's own life – thinking ahead as to where to live, transportation, medical wishes, expression of values
2. Gift of presence – be fully available with loved ones, accompany them in last chapter
Avoid family strife, frantic scenes in the halls of the ICU, later guilt
3. Make sure values are carried out – what is a good day?

B. WHO initiates/facilitates these conversations?

1. Lawyer, doctor, clergy, community project, family member? How to bring this up? Lot of resistance – people uncomfortable, how to bring it up? Often the younger generation who has more trouble, older persons grateful for the honesty and opportunity, relief
Four qualities needed for Health Care Proxy: Choice not always the person other people think might be!
 - i. Must agree/be willing to hold this role
 - ii. Must need to know what the person's values are and what they would want for future medical care
 - iii. Must be able to make decisions in high-pressure situations
 - iv. Must agree to honor patient's wishes even if don't agree with them

2. What is the nature of these conversations? Can be formal or informal. One time, or better, ongoing. Agent (proxy) should be involved and also other important people – they need to know who has been appointed...so not surprised or angry at bedside.
 - i. Crucial to have conversations and convey what someone's values are – “what is a good day?”
 - ii. Who should the proxy go to for guidance? Religious leader, lawyer, medical consultant etc.
 - iii. Proxy needs to be TOLD and to have the appropriate signed consent form
 - iv. Name and contact info of the proxy needs to be accessible – in medical chart, visible in home, etc. wallet card! Hang AD's in accessible places – refrig, over bed, by door. Proxy should have copy of document
 - a. Also important to review on a regular basis - **Advance directives** are living documents that should be modified or updated when things change. ... This is where the “**5Ds**” come in – divorce, diagnosis, decade, decline in health status, death
 - b. If no one – relative, friend, clergy? State will appoint

ii. WHAT is the RESISTANCE? Resource - SHOMER Collective

- A. Eyin Harah – fear of death - if we talk about it, somehow will make it happen, for sure brings the reality closer
- B. Religious point of view not to plan for what you don't know – need to wait until the actual time
- C. Not respectful to elders to bring up – more crass - elders are a burden, kids after money (my point of view – just the opposite)

II. Other issues with aging

- a. Ethical will - <https://www.wired.com/story/how-to-create-ethical-will/>
- b. Planning for retirement – how to spend time, continue to work, avoid loneliness
- c. Health care decisions, Residence, travel, relationships, finance, DRIVING
- d. **Safety and dignity** vs people have the right to make what others might consider to be bad decisions –
 Palliative care - interdisciplinary (dr/nurse/PA/s-worker/chaplain), address needs of whole family, not necessary EOL – also chronic, some out-patient, look at patient holistically. Many drs do not know or do not want to refer.
 HOSPICE – home or facility
- e. Post death considerations – organ donation, burial, cremation, memorial service