

Senior Matters

By Steven W. Moore, MBA, LNFA, CALM
Holly Hall Retirement Community
Houston, Texas

Communicating Your Wishes

Have you thought about how you want to die? Dying is one of the many processes in our lives for which we have little control. We may have an idea of how we want to die, but few get our wish. Many say they want to fall asleep and “never wake up.” Usually, we will spend time in an acute care or even long-term care center before we make the transition from life to death. Have you thought about what you want to happen in that case? Have you told those who will need to know?

Planning your death is as important as planning your retirement and your legacy. Without doing so, you may receive the application of medical technology that may subject you to a long, lingering loss of dignity or result in painful decisions for your family.

Some would like to have everything available provided should they stop breathing. That means they would want cardio-pulmonary resuscitation (which includes chest compressions), electronic shocks to restore a regular heartbeat, and perhaps even the long-term use of machines to provide oxygen and nutrition. Some want no intervention at all, and others would like some, but not all. Cultural and religious influences can determine what a person would like. No one but you can determine what you want and no one should make a judgment regarding what is best. You should decide what is best for you.

In order to communicate your wishes, two documents are important: Advanced Directives and Durable Powers of Attorney. Advanced Directives document exactly what you want to occur in the event you need care when you cannot communicate for yourself. It directs those providing care to do what you wish. If you need a feeding tube to remain alive but cannot instruct your care providers according to your wishes, this document will help you get what you want.

The Durable Power of Attorney names other persons, usually loved ones who are familiar with your wishes, to make those decisions for you if you are unable to do so. Both documents are needed because an Advance Directive cannot anticipate every possible scenario and others may not be readily available when a decision is needed.

An Out-of-Hospital Do Not Resuscitate order (known as a DNR) can also communicate your wishes. Without such a directive, care providers, such as emergency medical techs, may be bound to provide unwanted treatment.

Years ago, a resident at the retirement facility where I worked was playing cards with her friends. She collapsed and, we later learned, had a massive stroke. She did not have an

Advanced Directive or a DNR. The emergency medical service personnel were summoned and many of the life-saving efforts mentioned above were applied. Her family knew she wouldn't want to be kept alive artificially, but because there were no documents to verify her wishes, they had to make the painful decision to remove her from life support.

These documents can be provided by an attorney, hospital, physician or other health care provider. Make sure your family and providers know what you want to happen. You will face death one day, perhaps sooner than you expect. Those who may be called upon to make decisions about how to care for you need to know what you want.