

Please, Tell Us What You Want

Ruth collapsed in the bathroom on the day after Christmas. She was 99. Her family heard the crash upstairs and burst in to find her crumpled on the tile, motionless. They did what any family would do: they called for help. When EMS arrived, the paramedics inquired about a Do Not Resuscitate form, but she did not have any advance directives. On the way to the hospital, her pulse faded away. The paramedics started CPR. One medic slipped a plastic tube into her airway while another pushed on her chest, feeling several ribs break beneath his hands. The paramedics knew that CPR wouldn't help in this situation. And it turned out that Ruth didn't want to have a tube placed in her airway, and she didn't want CPR. But she had not taken the steps to let her healthcare providers know this.

No one likes to talk about death. The word *died* lands with a thud between the feet of those in conversation. We skirt around it with terms like *passed away*, *passed on*, *is no longer with us*. However, as hard as it is to think about, we are all headed inevitably toward the same end. When that day comes, chances are you will find yourself in an emergency department (ED). In fact, [half of older adults](#) visit the ED at some point during the last month of their lives, and less than half of them have the ability make their own medical decisions during the visit. When you arrive, doctors like me who do not know you must make a lot of quick decisions about your treatment. You see, even though CPR was never created for those with unfixable injuries or ailments, we in the emergency department will default to exactly that unless you or your surrogate decision maker—a stand in—tells us not to. And, despite what we see on TV shows, most people will not recover. CPR was only meant to revive a healthy heart stunned by something sudden and reversible: a heart rhythm disturbance due to a blocked coronary artery that can be reopened, a blood clot in the lung that can be dissolved or removed, hypothermia, a drug reaction. CPR cannot undo the damage done by chronic illness, the unchecked spread of cancer, or a body broken by trauma.

The doctors and nurses who work in the emergency department know that many times CPR will not work, but we follow Advanced Cardiac Life Support protocol and will start it along with other invasive treatments unless you tell us not to—unless you communicate to us that you'd prefer that we control your pain and prioritize your comfort above all else to allow a natural progression of your illness.

So, please, tell us. Tell us what you want. Tell us by completing advance directives.

Advance directives consist of two very important parts: the living will and the power of attorney for healthcare, which designates a surrogate decision maker. The living will is a document that varies by state but generally offers a checklist for you to choose the kinds of

care you want and don't want if you are in a life-threatening situation. You can often specify if you'd like CPR, placement on a ventilator, artificial nutrition and hydration, and antibiotics. The second document, even more important, names a surrogate decision maker. This person can be anyone who understands your values and your goals for care near the end of life. You do not have to choose a family member. Naming a surrogate is crucial because it can be hard to predict decisions that might arise—such as high-risk surgery—that are not included in the living will. The surrogate should be someone who knows you well enough to make decisions on your behalf based on what *you* would want, not necessarily what they would choose for themselves. It's imperative that you and your chosen surrogate, and, ideally, your doctor, talk about your wishes ahead of time, especially if you have a chronic illness. This way, your doctor can help you and your surrogate decision maker anticipate and discuss what decisions may lie ahead. Medicare and many insurance companies will cover a visit with your doctor just for this purpose.

If you haven't yet completed advance directives, you're in good company. Most Americans have not. There are lots of reasons why people avoid it. The most common one is that we don't like to talk about death. If we can get past that, we discover that traditional advance directives are written in the language of the law, which can make them difficult to understand. One [study](#) found that every state had written its forms at a higher reading level than that recommended for US adults. Another reason people avoid completing advance directives is that it can be hard to ask a loved one to take on the responsibility of being a surrogate when they may feel nervous or unprepared to do so.

The ideal advance directives would be written without technical language and expanded to include more information, leaving less ambiguity for the medical team and the surrogate decision maker. The [Five Wishes](#) advance directive was written with these goals in mind. Developed by a non-profit organization called Aging with Dignity, Five Wishes is a more personalized and easy-to-understand document that satisfies the advance directive laws of nearly every state and the District of Columbia. As with traditional advance directives, you choose a surrogate decision maker and decide what kinds of invasive medical treatment you feel you would or would not want, should you lose the ability to make your own decisions. But the authors of Five Wishes took care to write in clear language, avoiding legal and medical jargon. Each section prompts detailed decisions about your goals for comfort, surroundings, and after-death arrangements. It provides added space on the document to expand and clarify your answers in your own words. When filled out in the company of family members and surrogate decision makers, Five Wishes engages you and your loved ones in a meaningful discussion about values and goals—in much more detail than a traditional living will. This not only helps your surrogate make decisions, but also

helps your healthcare providers in the emergency department and ICU get to know you and better care for you at the end of your life.

When you take the time to complete advance directives, you can feel confident that, near the end of your life, you will be able to continue to make your own decisions through your living will or your surrogate. Making your wishes known provides peace and comfort to not only your loved ones, but also to your health care providers.