



The How and Why of Healthcare Decision Making


Presentation to the New Canaan
Men's Club

February 2010



Why do we need to talk about Health Care Decision Making?

- ◆ The process of making health care decisions becomes more complex as we age and our bodies become less reliable.
- ◆ Most of us prefer to be in substantial control of our major life decisions, and value informed decision-making.
- ◆ Tendency towards over reliance on professionals who may not know us well enough to make these decisions for us.

- 
- ◆ many people abdicate this control during times of medical crisis or serious illness, relying on the expertise of professionals and institutions that may or may not share their values.





*“Whether life is worth living and
when –
this question is not asked by
medicine.”*

Max Weber, *Science as a Vocation*, 1919



The Business of American Medicine

- ◆ Like any other business, the medical industry is driven by policy, economics and tradition.
- ◆ These factors powerfully influence the care and services that are valued and available.



American Medical Practice

- ◆ Based on scientific method, objective measure of symptoms
- ◆ Dominance over nature
- ◆ Treat aggressively
- ◆ Treat quickly
- ◆ Plan ahead
- ◆ Standardization – treat similar conditions the same way

Medical Ethics – Practitioner Model

- ◆ From the practitioner standpoint, health care is viewed as a moral enterprise rather than business transaction
 - Dominant ethic - “do not harm” - Hippocratic oath (vs. business model of “buyer beware”)





Payment Model

- ◆ Reimbursement system and legal system is in conflict with Hippocratic oath
 - Payment based on testing and treatment, not time spent on evaluation and education
- ◆ Limits to individual autonomy of both practitioner and patient:
 - Choices are only made from a limited set of options provided by the insurance, hospitals and other health care providers
 - Decreasing reimbursement and increasing overhead has increased number of patients and reduced time spent

Legal Model



- ◆ Myth of error free medicine and belief that errors are the result of incompetence
 - ◆ Legal system encourages assumption of incompetence when desired outcomes are not achieved
- ◆ Fear of litigation inhibits open dialog and admission of errors
 - Contributes to excessive testing and treatment
 - Practice of defensive medicine





Physicians and Death

◆ Limiting Conditions:

- Doctors are trained to respond as though death were not inevitable.
- The treating physician may not be familiar with the patient and family.
- Ambivalent messages from physicians, i.e., not mentioning inevitability of death

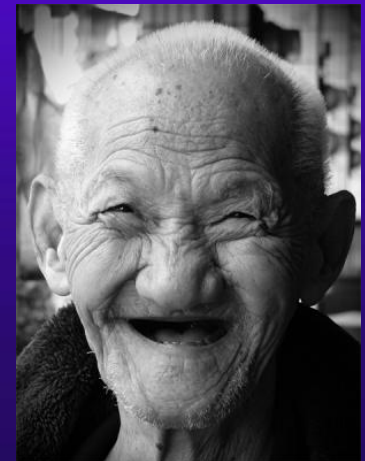
What we Expect from Modern Medicine

- ◆ Promise of technology to solve everything
 - Now or in the near future
- ◆ Aggressive investigation and treatment
- ◆ Physical symptoms have an identified physical cause
- ◆ Outcomes should be predictable and consistent



Aging and Death

- ◆ Normal aging has been redefined as disease management and pathologized.
- ◆ Distinction between biological and pathological aging is not always possible.
- ◆ Death from old age (parts wearing out) is rarely acknowledged





The Cost of Dying

- ◆ In 2008, Medicare paid \$50 billion for physician and hospital bills during the last two months of life
- ◆ 20-30% of expenditures may have had no meaningful impact.

– (60 Minutes CBS, 11/22/09)



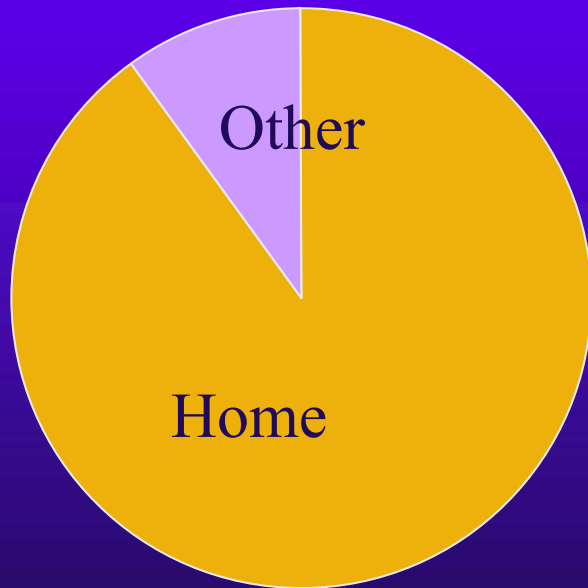
- ◆ One of the consequences of these biases is that the vast majority of Americans spend the last days and weeks of their lives in medical institutions without having had the opportunity to effectively evaluate their options.



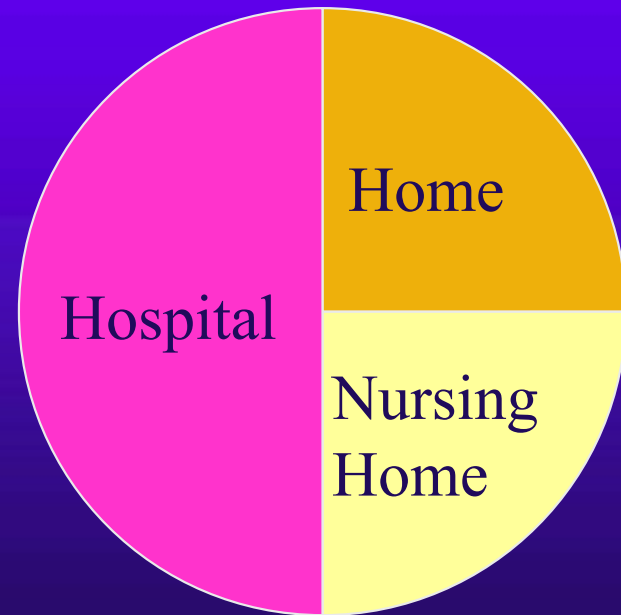
National Gallup Survey (2003)

Asked: Where do we want to end our lives?

What we want



What really happens





“... if peace and dignity are what we delude ourselves to expect, most of us will die wondering what we, or our doctors, have done wrong.”

- *Sherwin Nuland, M.D. Author of How We Die*





Health Care Reform

- ◆ The health care reform bill, in the summer 2009 version, contained a provision that would allow Medicare to pay physicians to discuss living wills and other end-of-life issues with their patients once every five years
 - Not mandatory
 - No government involvement
- ◆ The “spin”...




Death Panels!

- ◆ The health care reform bill “would make it mandatory — absolutely require — that every five years people in Medicare have a required counseling session that will tell them how to end their life sooner.”
 - Betsy McCaughey on July 16th, 2009 in on the Fred Thompson radio show
- ◆ Seniors and the disabled "will have to stand in front of Obama's 'death panel' so his bureaucrats can decide, based on a subjective judgment of their 'level of productivity in society,' whether they are worthy of health care.”
 - Sarah Palin on Friday, August 7th, 2009 in a message posted on Facebook – (Ranked Lie of the year 2009 by the St. Petersburg Times PolitiFact.com)



Point/Counterpoint

- ◆ “[people] have every right to fear. You shouldn't have counseling at the end of life; you ought to have counseling 20 years before you're going to die. You ought to plan these things out. And I don't have any problem with things like living wills, but they ought to be done within the family. We should not have a government program that determines you're going to pull the plug on Grandma.”
 - Sen. Charles Grassley of Iowa at town hall meeting on Aug. 12 , 2009
- ◆ “In this context, I found it perverse that Medicare would pay for almost any medical procedure, yet not reimburse doctors for having a thoughtful conversation to prepare patients and families for the delicate, complex and emotionally demanding decisions surrounding the end of life.”
 - Earl Blumenauer November 14, 2009 NY Times Oped



End of Life Decision Making – who's really in control?

- ◆ Personal
- ◆ Family – roles and responsibilities
- ◆ Physician
 - length of relationship,
 - level of dependence
 - Fear of abandonment



Palliative Care and Hospice

- ◆ What is palliative care?
 - Focus on comfort and symptom management rather than cure of disease
 - May pursue aggressive treatment and palliative care simultaneously
- ◆ What is hospice care?
 - Palliative care for people who no longer have or desire a curative treatment option
 - Limited life expectancy



Hospice Myths

- ◆ Only for people with cancer
- ◆ Very short life expectancy – days/weeks
- ◆ Means giving up
- ◆ Hospice hastens death

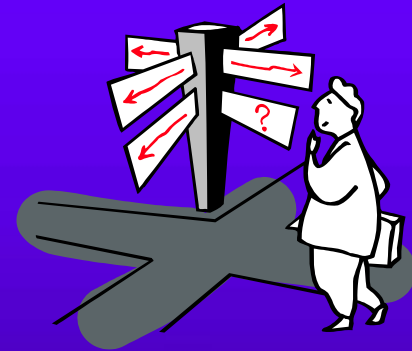


Hospice vs. non Hospice survival

- ◆ Across groups studied, hospice enrollment is not significantly associated with shorter survival, but for certain terminally ill patients, hospice is associated with longer survival times. (mean survival with hospice is 29 days longer than without hospice)
 - Journal of Pain and Symptom Management 2007: 4493 terminally ill patients studied 1998-2002 with cancer and heart disease



If you don't know where
you're going.....



you're going to end up
somewhere else



- ◆ Values disconnect between life decisions and end of life decisions
 - “I wish I hadn’t done that”
 - “I wish I’d done that sooner”
 - “I wish I knew what he/she would have wanted”



Advance Directives

- ◆ Living wills – benefits and limitations
- ◆ Ethical wills – values, lessons, hopes and dreams
- ◆ Appointing a Health care representative
- ◆ American Bar Association Toolkit



How to make good healthcare decisions

- ◆ Get the facts
 - Evaluate them independently
 - Consider alternatives
- ◆ Identify your goals
 - Personal
 - Spiritual
 - Material/financial
- ◆ Involve family/caregivers



Resources

- ◆ www.caringinfo.org
- ◆ <http://www.abanet.org/aging/toolkit/>
- ◆ <http://www.practicalbioethics.org/cpb.aspx?pgID=886>
- ◆ www.agingwithdignity.org
- ◆ www.compassionandchoices.org
- ◆ Comparing Hospice and Nonhospice Patient Survival Among Patients Who Die Within a Three-Year Window, Stephen R. Connor, PhD, Bruce Pyenson, FSA, MAAA, Kathryn Fitch, RN, MA, MEd, Carol Spence, RN, MS, and Kosuke Iwasaki, FIAJ, MAAA, Journal of Pain and Symptom Management 2007:33, pp238-246.
- ◆ <http://www.cbsnews.com/video/watch/?id=5737138n&tag=contentMain;contentBody>
- ◆ **Masonicare Help Line 203-679-9997**