

END - OF- LIFE HEALTHCARE

Many people seem to be reluctant to devote time to planning for healthcare that may be needed as they age. The Canadian Study of Health and Aging (CHSA) has conducted three phases of a study focused on factors related to End – Of – Life care preferences . The results indicate that few have formalized plans. The topic seems to be near the end of the `To Do~ list. Many hope to die peacefully in their own bed or to have a sudden major health problem that results in instant death. Unfortunately the majority of people decline slowly and need care for a short or long period of time .

The first step in planning involves some thought and research leading to decisions about the specifics of the location, type, and costs of the care the person would like if they are unable to represent themselves. Then it is necessary that the wishes are formalized in a legal document that is available to heirs, medical and healthcare personal, and the executor (s) or trust that settles the estate. Canadians use various names such as Advance Directive, Enduring Power of Attorney and Representation Agreement in different provinces /territories for such documents. All of them must be legal following the laws of their location.

A number of options exist for seniors needing 24 hours of care daily

1. Remaining at Home- The patient benefits from familiar surroundings, helpful wife and yard friends nearby who can provide some or all of the care. Some challenges cause financial hardship and stress for the caregiver(s).

PROBLEMS- If the main caregiver is an elderly spouse, relative or friend the long hours, stress and grief may result in bad health outcomes for them. Some respite time off will be needed for the major caregiver(s) facing 24 hours of being `on call`.

- The home may not be furnished or designed to do long term care and rentals may be needed to make the home safe and usable for the patient .
- Prescription drugs and treatments may not be covered as they would be in a care facility.
- Usually the Health Authority will supply some Homecare and Home Support, but it may not be enough resulting in more costs.
- The senior, the main caregiver, and the healthcare service providers all need some training to help them and others to deal with the stress and sorrow of the situation.
- If family members take time off to provide care, they may take a financial loss of wages.

2. Residential or Long Term Care- The patient moves into a facility which may be publicly funded, or part public and part private, or run by a non-profit organization or totally private. As people age their health condition tends to worsen and many spend their last days in such places. There are many considerations to be weighed.

PROBLEMS- Health Authorities will place patients in any facility where a space is available. Not all patients want to be close to family and friends. Moving later is upsetting

Funding from the province is based on the amount of care needed on entering the facility and not increased as health deteriorates and more care is needed. The staffing formula does not provide enough bodies to adequately nurse patients near death

Prices for care in private facilities vary, and costs are beyond the means of many. Generally the more costly the care is the better the quality.

--Frequently the rooms house more than one patient so privacy is an issue.

-In most cases the staff are not specialized in the care of patients that are near the end of life

Nevertheless, many seniors do spend their final days in residential care.

3. Hospice Care- The patient must be close to the end of life and is provided with accommodation in comfortable surroundings. Nursing care is provided but no special treatments and interventions are done. Pain management is provided. Loved ones are encouraged to spend as much time as possible with the patient. Religious and ethnic traditions are encouraged. In short, a hospice is a safe, good place to spend one's last days. Staff are trained to work with patients and families facing the loss of a loved one.

4. Palliative Care- The patient spends his/her last days of life in a hospital palliative ward. This makes it possible to access medical care to prolong life as well as pain management. Such patients may be allowed to go home (usually for short periods of time) if they rally and be re-admitted when necessary. Good quality care is given, but it is expected that the patient be there for a short time only (days in most cases). A palliative ward can not be a long term care facility. Loved ones can spend time with the patient and ethnic and religious traditions are respected.

IN SUMMARY - EVERY BC PERSON needs MAKE A LEGAL DOCUMENT (REPRESENTATION AGREEMENT) to ensure that their HEALTHCARE WISHES ARE OBEYED if they cannot speak for themselves. As death approaches EVERY PERSON MUST BE TREATED WITH DIGNITY in PLEASANT SURROUNDINGS, made as COMFORTABLE as possible, and with LOVED ONES. They should be entitled to this level of care regardless of which of the above choices made or ability to pay. The cost to provide universal quality end-of-life care is large. At present healthcare does not provide adequately for all of those near death. We have neither the trained staff, the physical facilities, or funding to provide a decent end of life experience for all citizens. END- OF LIFE CARE MUST BE A PRIORITY FOR ALL LEVELS OF GOVERNMENT.

WHAT WOULD YOU LIKE FOR YOUR LOVED ONES OR YOURSELF?

Sources for Advance Directives- Canadian Study of Health and Aging- (CSHA- 3)

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