



## How to Have the Conversation

...that none of us want to have!

## **Today's Speakers**

# Shary Farr and Fred Jealous







## Your Conversation Starter Kit

When it comes to end-of-life care, talking matters.







The Conversation Project is dedicated to helping people talk about their wishesfor end-of-life care.

We know that no guide and no single conversation can cover all the decisions that you and your family may face. What a conversation can do is provide a shared understanding of what matters most to you and your loved ones. This can make it easier to make decisions when the time comes.

Note: If you're using the digital version of this kit, be sure to save it to your computer before typing in your answers. Otherwise, what you type will not be saved.

NAME	
DATE	
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#### HOW TO USE THE STARTER KIT

This Starter Kit doesn't answer every question, but it will help you get your thoughts together, and then have the conversation with your loved ones.

You can use it whether you are getting ready to tell someone else what you want, or you want to help someone else get ready to share their wishes.

Take your time. This kit is not meant to be completed in one sitting. It's meant to be completed as you need it, throughout many conversations.

#### **TABLE OF CONTENTS**

Why talking matters 2
Step 1: Get Ready 3
Step 2: Get Set
<b>Step 3: Go</b>
Step 4: Keep Going 10

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### Why talkingmatters

Sharing your wishes for end-of-life care can bring you closer to the people you love. It's critically important. And you can do it. **Consider the facts:** 

**92%** of people say that talking with their loved ones about end-of-life care is important.

32%have actually done so.

Source: The Conversation Project National Survey (2018)

21% of people say they haven't had the conversation because they don't want to upset their loved ones.

**53%** say they'd be relieved if a loved one started the conversation.

**95%** say they are willing or want to talk about their end-of-life wishes.

Source: The Conversation Project National Survev (2018) **80%** of people say that if seriously ill, they would want to talk to their doctor about wishes for medical treatment toward the end of their life.

18% report having had this conversation with their doctor.

Source: Survey of Californians by the California HealthCare Foundation (2012) and Kaiser Family Foundation Serious Illness in Late Life Survey (2017)

**97%** of people say it's important to put their wishes in writing.

37% have actually done it.

Source: Kaiser Family Foundation Serious Illness in Late Life Survey (2017)

One conversation can make all the difference.

## Step 1 Get Ready

You will have many questions as you get ready for the conversation. Here are two to help you get started:

?	What do you need to think about or do before you feel ready to have the conversation?
	Do you have any particular concerns that you want to be sure to
•	talk about? (For example, making sure finances are in order; or making sure a particular family member is taken care of.)

#### REMEMBER:

- You don't need to have the conversation justyet. It's okay to just start thinking about it.
- You can start out by writing a letter—to yourself, a lovedone, or a friend.
- You might consider having a practice conversation with a friend.
- Having the conversation may reveal that you and your loved ones disagree. That's okay. It's important to simply know this, and to continue talking about it now—not during a medical crisis.
- Having the conversation isn't just a one-time thing. It's the first in a series of conversations over time.

## Step 2 Get Set

What's most important to you as you think about how you want to live at the end of your life? What do you value most? Thinking about this will help you get ready to have the conversation.

you get ready to have the conversation.				
(For examp	le, being able	ce: What matters e to recognize my care; being able to sa	children; being in	the hospital
a big help down	the road. It abilities are n	o me" statement wi could help them co nost important to y	ommunicate to yo	our health
WHERE I STAN	D SCALES			
	_	e out how you want epresents your fee	-	
As a patient, l'o	l like to kno	w		
<u> </u>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Only the basics about my condit and my treatme			my	details about condition and my treatment
As I receive car	e, I would lik	ке		
<u> </u>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
My health care to do what they is best				a say in every care decision

A	
4 5	
Know my doctor's best estimation for how long I have to live	
making process?	
4	
Quality of life is more important to me thanquantity	
5	
I'm worried that I'll get overly aggressive care	
?	
4 5	
I want to spend my last days at home	
receive?	

Hov	w involved d	lo you want yo	ur loved ones to	be?	
$\bigcirc$	1	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
do e	ant my loved exactly what n if it makes omfortable	I've said,		•	
• •					
Wh	en it comes	to your privac	_		<u> </u>
$\bigcirc$	1	<b>2</b>	<b>3</b>	<b>4</b>	<b>()</b> 5
		n the time comes, I want to be surrounded by myloved ones			
 Wh	en it comes	to sharing info	ormation		
WIII	1		○ 3	<b>4</b>	<b>○ 5</b>
	-	<u> </u>	<b>5</b>	•	
to k	•	my loved ones I am comfortable with those close to me knowing everything about my health			
?	What role of		•	lay? Do you think think they have no	-
?	want your	friends, family		portant things th care team to und nd-of-life care?	-
1.					
2.					
3.					

## Step 3Go

When you're ready to have the conversation, think about the basics.

MARK ALL THAT APPLY:	
? WHO do you want to talk to?	
<ul> <li>Mom</li> <li>Dad</li> <li>Child/Children</li> <li>Partner/Spouse</li> <li>Sister/Brother</li> </ul> ? WHEN would be a good time to ta	Faith leader (Minister, Priest, Rabbi, Imam, etc.) Friend Health care provider Caregiver Other:
☐ The next holiday ☐ Before my child goes to college ☐ Before my nexttrip ☐ Before I get sickagain	<ul> <li>□ Before the baby arrives</li> <li>□ The next time I visit my parents/ adult children</li> <li>□ At the next family gathering</li> <li>□ Other:</li> </ul>
? WHERE would you feel comfortab	le talking?
At the kitchentable	☐ Sitting in apark
At a favorite restaurant	At my place of worship
☐ In the car	Other:
On awalk  WHAT do you want to be sure to so the sur	say? important things at the end of Step 2,

#### How to start

#### Here are some ways you could break the ice: "I need your help with something." "Remember how someone in the family died—was it a 'good' death or a 'hard' death? How will yours be different?" "I was thinking about what happened to . and it made me realize..." "Even though I'm okay right now, I'm worried that and I wantto be prepared." "I need to think about the future. Will you help me?" "I just answered some questions about how I want the end of my life to be. I want you to see my answers. And I'm wondering what your answers would be." What to talk about: When you think about the last phase of your life, what's most important to you? How would you like this phase to be? Do you have any particular concerns about your health? About the last phase of your life? ■ What affairs do you need to get in order, or talk to your loved ones about? (Personal finances, property, relationships) Who do you want (or not want) to be involved in your care? Who would you like to make decisions on your behalf if you're not able to? (This person is your health care proxy.) Would you prefer to be actively involved in decisions about your care? Or would you rather have your health care team do what they think is hest? Are there any disagreements or family tensions that you're concerned about? Are there important milestones you'd like to be there for, if possible? (The birth of your grandchild, your 80th birthday.)

Where do you want (or not want) to receive care? (Home, nursing facility, hospital)
Are there kinds of treatment you would want (or not want)? (Resuscitation if your heart stops, breathing machine, feeding tube)
When would it be okay to shift from a focus on curative care to a focus on comfort carealone?
This list doesn't cover everything you may need to think about, but it's a good place to start. Talk to your health care team if you'd like them to suggest more questions to talk about.

#### REMEMBER:

- Be patient. Some people may need a little more time to think.
- You don't have to steer the conversation; just let ithappen.
- Don't judge. A "good" death means different things to different people.
- Nothing is set in stone. You and your loved ones can always change your minds as circumstances change.

- Every attempt at the conversation is valuable.
- This is the first of many conversations—you don't have to cover everyone or everything right now.

Now, just go for it! Each conversation will empower you and your loved ones. You are getting ready to help each other live and die in a way that you choose.

## Step 4 Keep Going

Congratulations! You have had "the conversation"
<ul> <li>hopefully, the first of many. You can use the</li> </ul>
following questions to collect your thoughts about
how your first talk went, and to think about what
•
you'd like to talk about in future conversations.
Is there something you need to clarify that you feel was misunderstood or misinterpreted?
Who do you want to talk to next time? Are there people who should hear things at the same time (like siblings who tend to disagree)?
How did this conversation make you feel? What do you want to remember? What do you want your loved ones to remember?
? What do you want to make sure to ask or talk about next time?

Now that you have had the conversation, you're ready to think about **completing two important legal documents** to make sure your wishes are clearly stated — and respected when the time comes.

#### ☐ Choose a Health Care Proxy

A health care proxy (also known as a **durable power of attorney for health care**) is a legal document in which you appoint another person (a proxy or agent) to express your wishes and make health care decisions for you if you cannot speak for yourself. Choose someone who knows your wishes well — a person you trust to speak for you if you're not able to speak for yourself.

#### Complete an AdvanceDirective

An Advance Directive, also known as a **Living Will**, is a legal document in which you state your wishes regarding end-of-life medical care — including the types of treatments you do and do not want — in case you are no longer able to make **decisions or communicate your wishes.** (Note: This is different from your LastWill and Testament, which is used to distribute assets.)

Every state has its own Advance Directive forms.

See the Medicare website for more information: <a href="https://www.medicare.gov/manage-your-health/advance-directives/advance-directives-and-long-term-care.html">www.medicare.gov/manage-your-health/advance-directives/advance-directives-and-long-term-care.html</a>

#### Contact Us

#### **VISIT US**

theconversationproject.org

E-MAIL US

conversationproject@ihi.org

FOLLOW US ON FACEBOOK AND TWITTER

@convoproject

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## Questions & Answers

## hospicegiving.org/resources





## A few tips on having your conversation

- ► Decide on a good time to talk.
- ► Decide who you want to be part of the conversation.
- ►Let the person(s) know in advance what you are going to talk about.
- ► Have the conversation in comfortable place, usually in your home.
- ► Pour yourself a nice cup of tea or something stronger;)
- Have your talking points in mind or written down before you have your conversation.



## We invite you to attend our other workshops at hospicegiving.org/workshops

- ► Understanding the POLST Form with Maureen McEachen, LCSW
- ► Understanding Medical Decisions: CPR, Ventilators, and Palliative Care with Dr. Nadine Semer
- ► Advance Health Care
  Planning Using Advance
  Directives with Philip
  Geiger, Hospice Giving
  Foundation.

# Thank you for attending this webinar!

### Final Reminders...

- ► Talk with your doctor and loved ones about your health care wishes.
- ► Join a future workshop and visit our website for information and resources.
- **▶**Contact HG Foundation if you need assistance.





# Hospice Giving Foundation is here to help

- ► Visit our website for guides, documents, and information:
  - hospicegiving.org/resources
- ► Contact Hospice Giving Foundation for direct assistance:
  - Philip Geiger, Outreach Manager pgeiger@hospicegiving.org
  - Call 831.333.9023