

let's talk about

health



In the previous "Let's Talk About Health", MidCentral DHB clinicians discussed not for resuscitation orders. Today we look more in-depth at the issue, with a focus on the processes to help you communicate your wishes when you are unable to do so.

Who speaks when you can't?

What would happen if you are involved in a serious accident or develop a critical illness? Have you thought about who would communicate and make healthcare decisions for you? Do they know what you want?

A HOSPITAL PERSPECTIVE

Senior Palmerston North Hospital clinicians Dr Mark Beale and Dr Kirsten Holst discuss options and personal experiences for when life is going along smoothly and the unexpected happens.

Dr Holst says she has made it very clear to her family what she wants if something should happen.

"We have talked about it and I have also written them a letter, so in a difficult situation they can be absolutely sure what I want. Organ donation is something I feel very passionate about, and my family know this."

Dr Beale also agrees it's best to be prepared: "My mother made it very clear to me that she didn't want to live with the effects of a severe stroke. When we were faced with a tough situation, it made it easier for me to make decisions because I knew what Mum wanted.

"In this modern world where it seems younger generations find it second nature to communicate publicly about everyday life and social activities, it seems crazy to not also discuss planning for the unexpected."

Planning options are available such as Enduring Power of Attorneys (EPOA) and Advance Directives (AD) – see boxes at right. These are being increasingly used and talked about. It's not until you're faced with a serious situation that you realise how important they can be.

Dr Beale says people ask what sort of things he would give directives about. Rather than specifics of care, he thinks it's more a philosophical approach.



Pictured: Senior Palmerston North Hospital clinicians Dr Mark Beale and Dr Kirsten Holst.

"We all have a view about what is important to us in terms of quality of life and keeping us alive. Some people feel strongly about preserving life at any cost – such as relying on a ventilator to breathe, and being tube fed, even if they are not aware of people around them. Others may only want those things if they were still able to enjoy and participate in their usual activities."

"It's also important to remember that these are living documents and don't have to be set in stone. What you want at 20, 40 or 60 years of age, could be quite different to what you want later in life."

Dr Holst says people who have a degenerative disorder, like dementia, often plan ahead and work out what they want to happen in relation to their health.

"Talking about where you want to live or be cared for is a start. Families sometimes feel they should take care of their relative, and when they can't, feel guilty about not being able to do so. Usually the main issue for a patient is the wish to not be a worry or a burden to family."

"If you have the conversation earlier, there's less stress as everyone knows what everyone wants. Families never complain about too much discussion, but there can be regrets when these issues haven't been fully discussed beforehand."

A PALLIATIVE CARE PERSPECTIVE

Joy Percy is a palliative care physician working at Palmerston North Hospital. Palliative care provides support for those with a life limiting illness.

"Working in palliative care, I often meet people who need to make decisions about how they want to be cared for when they are dying and where they want to die. If these issues are previously talked about, it can make it easier for both the patient and their families during a distressing time."

Joy is a strong supporter of the National Advance Care Planning Cooperative. This was formed in June 2010 by clinicians who want to create guidelines for patient led discussion between an individual and their healthcare providers about their health status, their values, their beliefs and understanding of their treatment/care options.

"The process supports people through reflection and discussion, to think about and plan for their future care, specifically end-of-life care."

"Many people are not comfortable talking about dying, but I've seen what happens when people don't prepare and discuss the options. The new guidelines will help people put in place a plan, discuss their wishes with clinicians and family, and make the whole process easier and less stressful for all involved."

ADVANCE DIRECTIVES (AD)

An advanced directive is a written or oral instruction about future health care procedures if you are not competent to do this, or cannot communicate.

An advanced directive is sometimes referred to as a living will – a written declaration of the treatments and procedures you would accept or reject if in danger of death or unable to make or communicate decisions.

Although advance directives about specific treatments can be helpful, they lack legal weight if clinicians assess that treatment to be inappropriate.

Advance directives are relatively new in New Zealand and awareness around them needs to be raised.

ENDURING POWER OF ATTORNEY (EPOA)

There are two types of EPOA:

- One that covers your property
- One that covers your personal care and welfare.

The EPOA for your personal care and welfare will only come into effect if you become incapable of making or communicating your own decisions. An EPOA for personal care and welfare can only be given to one individual and not to a trustee company, although you can appoint a back-up person if your first choice cannot undertake the role. The EPOA can authorise your chosen attorney to act in relation to your personal care and welfare generally, or only in relation to specified areas. It is important that you trust your EPOA and are confident that he or she will act in your best interests. At some stage you may be completely reliant on that person.

Let's Talk about Health is a regular column produced by MidCentral District Health Board. If you have any feedback or suggestions for future topics, please phone (06) 350 8945 or email communications@midcentraldhb.govt.nz