

# Can we talk?

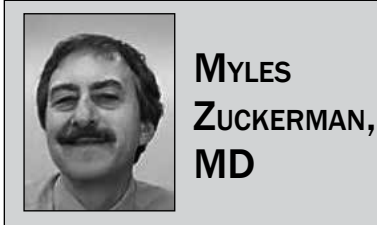
***The fear of death follows from the fear of life. A man who lives fully is prepared to die at any time.***

***-Mark Twain***

In many modern societies around the world, death is the foremost, sometimes the only, topic that people avoid discussing. With improved sanitation and access to safer food and water, and modern medicine driving a decrease in infant mortality, many of us living in the first world can imagine death as a far off event occurring to somebody else in a distant future. Of course the reality is different. For all of us, death is the destination that lies at the end of our life journey, which can occur at any time, sometimes with little or no warning. The universality of this unsettling truth is illustrated in a headline from the satirical e-periodical *The Onion* (Volume 31 issue 02) which states: "World Death Rate Holding Steady at 100 Percent." We know it, but try not to think about it, and definitely don't want to talk about it with friends and family, or our own physicians.

However, this is changing, and more and more, this modern taboo is lifting, to the benefit of both seriously ill people and their loved ones.

Since my transition from a family physician in private practice to a board-certified hospice medical director working for Family Hospice & Palliative



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Care, I spend a lot of my time talking about this topic which is often avoided in polite society. These discussions are important for people who need to assess their situations, make complex health care decisions, and prepare for whatever their futures have in store. Having a frank but compassionate discussion about personal mortality gives a person the option of writing, to the extent possible, the last chapter of her life's story. And there are a number of signs that this is becoming the norm.

The book "Being Mortal" by Dr. Atul Gawande is a *New York Times* best-seller, and the "Frontline" documentary film has been widely viewed. The video of this program is being used in discussion groups across the United States. Another popular book, "Can't We Talk About Something More Pleasant?" by the *New Yorker* cartoon artist Roz Chast uses humor and art to chronicle the author's own experiences with her own parents' aging, including placement in assisted living, and hospice care near end of life.

The Conversation Project is a widely used resource, giving people an Internet tool to facilitate diving into this tricky topic at [theconversationproject.org](http://theconversationproject.org).

This year, Centers for Medicare and Medicaid Services (CMS) published a proposed rule for paying physicians

for providing the service of discussing advanced care planning with their patients.

The national Physician Orders for Life Sustaining Treatment (POLST) paradigm is an approach to helping people make their health care decisions, and setting them down in a structured way that is recognized by health care providers across the continuum of care. It has been put into practice in 45 of the 50 states, although so far only two states (Oregon and West Virginia) have mature POLST programs. The first step to completing a POLST form is a conversation between a person, her doctor, and her family and loved ones.

As the above examples show, we are starting to talk about the difficult subjects of advanced care planning, and our own personal mortality. In many cases, it rests with doctors and nurses to get the ball rolling, so we should come to patient visits with the necessary skills in our tool boxes to take on this task. It is too big of a task to rest entirely with the cadre of board-certified hospice and palliative care specialists. An American Academy of Hospice & Palliative Medicine (AAHPM) Workforce Task Force study published in 2010 estimated a national hospice and palliative care workforce of 1,700 to 3,300 full-time equivalents (FTEs), which they estimated fell far short of the potential need for this relatively new subspecialty. Fortunately, the ability to engage people in a realistic and compassionate way in these potentially difficult conversations

is a skill that can be modeled, taught and learned. Here in Allegheny County, we are fortunate to have many resources available to enable practitioners to acquire and improve the necessary skills. It's an exciting time to be practicing medicine in many ways, not just because of some of the extraordinary technological advances becoming available, but also because of the rediscovery of the importance of gentle touch, and compassionate listening and conversation in the art of providing medical care.

In my opinion, it's a good thing that so many are working to bring this delicate subject out of the shadows and onto the agenda. People across the


country will benefit from open discussion of the formerly avoided subject of end-of-life choices. My answer to the late Joan Rivers's catch phrase "Can we talk?" is yes, and it's about time!


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**\*This article is part of a series on end-of-life care leading up to Hospice Month in November. If you are interested in submitting an article on this topic, please contact Managing Editor Meagan Welling at [mwelling@acms.org](mailto:mwelling@acms.org).**

The opinion expressed in this column is that of the writer and does not necessarily reflect the opinion of the Editorial Board, the *Bulletin*, or the Allegheny County Medical Society.





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