Making a Difficult Conversation Easier

By Joelle Klein

Have you ever thought about who you’d like to make medical decisions for you if you were to become too ill to make them for yourself? Have you ever considered whether you’d want feeding tubes or other means of support to keep you alive? Have you ever had any end-of-life-care discussions with your loved ones?

Let’s talk. Lum said there has been an interest in a group medical visit focused on advance care planning for a number of years. She was able to launch the Conversation Group program last November through a grant from the Colorado Healthcare Foundation.

“My hope for these groups is that we help individuals to have these difficult conversations about what’s important in the setting of a serious illness before it’s too late so that people can have the type of medical care and the type of lives they want,” said Lum.

So why the clunky title that doesn’t sound like an advance directives discussion group?

Lum explained that the group uses a tool called The Conversation Starter Kit, which comes from the Conversation Project, a national campaign dedicated to helping every American have a “conversation” about their wishes for end-of-life care.

As for “group medical visit,” it’s an approach designed to bring anywhere from five to 15 people together to meet with a doctor in a clinic for about two hours to discuss a common health issue.

In the Conversation Group Medical Visit, Lum and University of Colorado Hospital Seniors Clinic social worker Patricia Schulof, LCSW, along with a volunteer “peer partner,” discuss a variety of end-of-life decisions related to medical care.

A peer partner is a person who has participated in a previous CGMV group and is well versed and interested in the subject of advance care planning. There are currently four peer partners associated with the Conversation Group, and Lum feels that they are integral to the success of the program.

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If you haven’t, you’re not alone. More than half of those questioned in a 2012 California Healthcare Survey said they had not talked with a loved one about the kind of care they wanted at the end of life, and only a quarter of them had actually put their end-of-life wishes in writing.

Because of the importance of thinking through and talking about advance care planning, and many people’s reluctance to do so, Hillary Lum, MD, PhD, assistant professor of medicine in the University of Colorado School of Medicine’s Division of Geriatric Medicine, decided to start the Conversation Group Medical Visit program. The goal: empower adults age 65 and older to consider their wishes for future medical care and provide them with skills to help them have those conversations with their loved ones and physicians.

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helping participants identify someone they would grant medical power of attorney. That person would be involved in making medical decisions if the patient were to become very sick.

The second area is values clarification. Lum’s professional research assistant, Dana Lahoff, LCSW, describes this topic as helping patients define what “quality of life” means to them.

“What are things that matter to you that can help guide your loved one if they had to make a decision regarding your care? Some examples of these values are being able to recognize your loved ones, being able to play with your grandkids, or being able to take care of yourself,” Lahoff said.

Along with these values discussions are conversations about common medical decisions, such as whether or not patients want CPR, life support, or hospice care.

In the last part of the visit, the group covers taking formal steps to officially document their wishes. They discuss different advance directive forms, such as medical durable power of attorney forms and living wills. They emphasize how to communicate wishes to friends, family, and health care providers, as well as the importance of making the forms part of the medical record.

Burials, senior living options, and financial plans are not part of the group discussions, but resources are available for those who are interested in those topics.

Many of the group participants, who must be 65 and over and a patient at UCH, come by way of recommendation from their primary care provider (PCP). Lahoff thinks having buy-in from the PCP goes a long way toward getting people comfortable and ready to discuss the topic.

Lahoff conducts interviews with the participants after each group visit and then again three months later. She said the clinic has gotten a lot of positive feedback that the group has been very helpful.

The right choice. One of the points that most of the participants found interesting, she said, was the idea of going over their advance care wishes with not only their friends and families, but with their medical providers as well.

“Even though we, as doctors, can see the need for these conversations to happen frequently, we’re learning that patients are surprised that doctors want to know their advance care planning decisions,” said Lum.

Even patients who have already begun to have discussions about end-of-life planning and have some forms filled out found the discussions about the different advance directive forms helpful. Trude Bershof, 75, a peer partner and a volunteer with UCH Palliative Care, had begun thinking about end-of-life care when she had cancer 25 years ago.

Since she attended the group, she’s changed her medical power of attorney three times. At first she designated her son, her oldest child, but she realized he would have a difficult time letting her go. Then she considered her youngest daughter.

“She has zero patience. She’d put me down with a head cold,” Bershof joked. She realized her middle child would be the right choice because she would honor her mother’s wishes best, and she’s local.

Lum and her group plan to continue to offer these visits at various UCH Internal Medicine clinics. The Lowry Internal Medicine Group is next up, along with efforts to develop a group that meets the needs of Medicaid patients.

But it’s not necessary or desirable for people to wait until they’re of Medicare age to start these discussions.
“We always say the best time to talk about these things is when you’re in good health,” said Lahoff. “It’s always too early until it’s too late.”

For further information about this program, contact Sue Felton, program coordinator, at 303-724-2253.