

## **Communicate, update your end-of-life wishes**

**By LILLY TUHOLSKE ((opinion))**

I doubt any of us wanted to know the story of Terri Schiavo. Yet the battle between her husband and parents, after simmering for years, has become a public spectacle. At issue is whether Schiavo's feeding tube should be removed 15 years after she suffered a heart attack, went without oxygen for many minutes and suffered severe brain damage. We have listened to Schiavo's husband and parents debate the course of her care on national television. We have observed this intimate tragedy play out in state and federal courts and turn into political hash for legislators and pundits alike. And, like it or not, we have seen Schiavo's picture, heard her moan, and been exposed to one of life's most painful, yet normally most private decisions.

We are an unwitting audience to personal tragedy. And while none of us can make a difference to Schiavo, we can allow her to make a difference to us.

For starters, we might tune in to our most basic reaction, the one that says, "Wow, I hope that never happens in my family." And then we might take steps to ensure that it doesn't.

One fact to consider is that if current trends hold, 80 percent of us will die, not at home in our own beds, but in a hospital or a nursing home. The majority will succumb to cancer, heart disease or a stroke after suffering for years from one or more chronic illnesses. When the end draws near, someone - either ourselves, our family or our doctor - will make decisions about various medical treatments, including whether we should be resuscitated if we quit breathing and our heart stops, whether we should be put on a mechanical breathing machine, or whether we should receive artificial nutrition and hydration, just as Schiavo received.

After death, likely no one will say we died because a feeding tube was removed, or because the doctor wrote a Do Not Resuscitate order, or because we refused a second or a fourth round of chemotherapy. Rather, our deaths will be attributed to any one of those usual things from which people die. Our obituaries will read, "So-and-So, aged 82, died after a lengthy battle with cancer, or lung disease, or heart ailments."

Nevertheless, before our deaths, someone will make decisions about the appropriate course of our care. \

If you, like Schiavo, are unable to speak for yourself, who will make those decisions for you? And on what basis will decisions be made? Will war break out in your family? You can do more than hope not.

The first step is to look inward, and figure out how you feel about life prolonging treatments. Absent any experience with these matters, consider reading about them or speaking with your physician. The reason each of us has to consider these questions individually is each of us not only faces different circumstances, each holds different values. When the question arises whether to accept or reject certain types of medical treatments, the answer needs as much to be based on the personal beliefs of each patient, as on the likelihood that the treatment will enhance the patient's life.

Next, we must discuss our values and beliefs with our loved ones and our doctors. We do this because we have no idea if we will make decisions for ourselves, or if someone will have to make decisions for us. Indeed, if we are wise, we will choose a trusted individual to make decisions should we become unable to communicate, discuss our preferences for treatment with this person and name the individual in a durable power of attorney for health care.

Third, we can do what Terri Schiavo did not do. We can document our wishes as best we can in a living will. I say, "as best we can," because we can never know exactly what situations might befall us as we approach death. At the very least, we should state our wishes regarding nutrition and hydration, mechanical breathing machines and resuscitation, particularly as these treatments relate to advanced illness and severe neurological damage. In documenting our wishes we leave our families and doctors guideposts for our care, and do what we can to spare them uncertainty and even rancor.

Finally, we should take these measures not once, but regularly - say, on an annual basis. As we age, and as our health status changes, or, even, as we acquire new knowledge, our preferences for care may change. When they do, our loved ones and our doctors deserve to know.

In Missoula, we are fortunate to have the Choices Bank, an Internet repository for our living will and power of attorney for health care, documents collectively known as advance directives. The system was created after research conducted by Life's End Institute revealed that too often advance directives cannot be located when they are needed. The Choices Bank is a private, secure database that makes advance directives available to medical personnel and to other individuals, according to the wishes of those who submit their documents. The nice feature about an Internet storage bank is that the documents are available 24/7, 365 days a year.

You can learn about the Choices Bank by visiting the Internet site, [www.choicesbank.org](http://www.choicesbank.org), or by calling (406) 327-2707. Either way, you will find assistance for completing your advance directive, including the required forms. The type of service the Choices Bank offers may be available to all Montanans, under a bill currently before the Montana legislature. House Bill 742 creates a statewide registry for advance directives that will be administered through the attorney general's Web site.

One other valuable source of information is a wonderful little book called "Hard Choices for Loving People," by Hank Dunn. You can download the full text off the Internet, or order a hard copy. Call the Life's End Institute at (406) 728-1613 for details.

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