



## The Final Chapter: End-of-Life Decisions and Care

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### End of Life Decisions & Care:

#### *Two cases*

#### Mr. L:

- Severe lung disease causing heart failure, treatment “tweaked”
- Sudden deterioration, EMTs transport to hospital, to ICU on ventilator
- Severe impairment of brain function, no improvement after 5 days life support
- Family gathers, decides to discontinue life support

#### Mr. S:

- Severe heart failure, on maximal therapy
- For worsening, morphine started for shortness of breath, enrolls in hospice
- Condition stabilizes, “graduates” from hospice; same cycle repeats 6 mo. later
- 15 mo. after initial hospice enrollment, develops influenza; reenrolled in hospice, dies peacefully 4 days later.

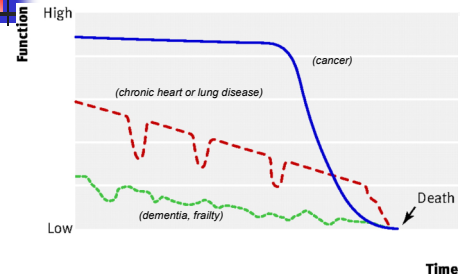
#### *What determines your end-of-life experience?*

- Disease process
- Chance events
- Physical resilience
- *Patient values, preferences*
- *Access to information*
- *Quality of dialogue about medical situation, choices, values*

*(This is palliative care)*

- **Patient values, preferences**
- **Access to information**
- **Quality of dialogue about medical situation, choices, values**

## *Disease process*



Murray S A , Sheikh A; British Medical Journal 2008;336:958-959

## *Chance events*

Examples:

- influenza
- blood clots/pulmonary emboli when immobilized
- accidents

## *Resilience*

- general health
- immunity
- “spare resources”
- “will” (???)

## *Values, preferences*

- What do I want in life's final chapter?
  - What matters most?
  - Where do I want to be?
  - Who decides?
  - What level of function is acceptable to me in exchange for “sticking around”?
  - How much would I will willing to go through for what chance?, for chance of what?

## *Information*

- What are my options?
- What is the hoped-for result?
- What is the chance of that result?
- What will daily life be like?
- How do the pros and cons of each option stack up in terms of my values?



## Quality of dialogue

**Engage** your physician (and other health care providers) in a **dialogue** to **express your values** and **get information** about how each option looks **relative to what is important to you**.



## Examples:

### ■ Ms. E.

*Ms. E has bladder cancer blocking her ureters; she opts to forego stents that would unblock the Ureters, so her death can be planned and her children gathered together for a final goodbye.*



## Examples:

### ■ Ms. B.

*After repeated hospitalizations for pneumonia with COPD, Ms. B opts for treatment in the home only, "whatever can be done with no hospitalizations".*



## Examples:

### ■ Mr. G.

*Proceeds with "second choice" chemo to allow monthly travel, rather the "first choice" chemotherapy that would have required weekly treatment.*



## Examples:

### ■ Ms. S

*Ms. S. stops "curative" chemotherapy due to debilitating headaches and high blood pressure, in favor of a fully active social life, and a (likely) shorter lifespan.*



## Examples:

### ■ Ms. J

*Family considers her long road with dementia and opts to forego treatment for pneumonia and allow a natural death.*

What about if I can't make my own decisions?

- Appoint a *durable power of attorney for health care*:
  - who knows me best?
  - who will advocate for my values?
- How will my values be different if I am cognitively impaired?

Resources for end-of-life planning:

*information, forms, instructions*

Vermont Ethics Network  
[www.vtethicsnetwork.org](http://www.vtethicsnetwork.org)

Resources for end-of-life planning:

*on talking with loved ones*

The Conversation Project  
[www.theconversationproject.org](http://www.theconversationproject.org)

Resources for end-of-life planning:

*info on hospice & palliative care*

The Madison Deane Initiative

[www.vnacares.org/](http://www.vnacares.org/)

end-of-life-care/madison-deane-initiative/

- Guide to Palliative Care Resources
- The Palliative Care Option: Living Fully in the Face of Life-threatening Illness

Discussion?!

