The Importance of End-of-Life Planning

by Jennifer Wegerer

Many people do not think about advance directives until they get older or receive a terminal diagnosis, but every adult, regardless of age, should prepare these documents in case of an accident or other medical emergency.

An advocacy organization for excellent, patient-centered, end-of-life care and expanded choice for the terminally ill, Compassion & Choices of Washington has provided free counseling and support services to patients for more than 25 years. Each year, the organization counsels hundreds of patients and families. Its Client Support Volunteers, including many retired physicians, social workers and hospice nurses, cultivate ongoing relationships with individuals facing incurable and terminal illness who want to explore their end-of-life choices.

A Place for Mom recently spoke to Robb Miller, the Executive Director at Compassion & Choices of Washington, about how the organization’s work helps empower the terminally ill and their families.

Preparing a Living Will

Compassion & Choices encourages people to document their wishes for care at the end of life through the use of advance directives or a living will, an umbrella term that typically means a health care directive and durable power of attorney for health care. Read more about creating a living will or health care directive.

This process ensures that:

- Neither document takes effect until you are no longer capable of speaking for yourself
- Your health care directive, often called a living will, specifies your wishes for end-of-life care
- A durable power of attorney for health care, or, a health care agent, can be appointed to make medical care decisions for you

Counseling on End-of-Life Options

Contact with Compassion & Choices typically is initiated with a phone call from a terminally ill individual or a loved one acting on his or her behalf.

The amount of contact clients and volunteers have with each other varies from person to person and family to family, but building personal relationships with clients is of the utmost importance to Compassion & Choices of Washington.

Initial counseling sessions happen in person, provided by volunteers located in most regions of the state. If a client lives outside of these regions, volunteers will travel to them. Subsequent sessions are often done by phone. Volunteers may spend a few or many hours with clients and their families, depending on their needs.

Taking Control of the Dying Process

Compassion & Choices strongly believes that mentally competent people should have the option of taking control
over the dying process. In 2008, the organization supported the [Washington Death with Dignity Act](https://www.compassionandchoices.org/washington), which allows mentally competent, terminally ill adults with less than six months to live to request life-ending medication from medical and osteopathic physicians. Although only a small number of people choose to self-administer the medication, many dying patients are comforted by knowing that they have the option.

As Robb says:

> “We have no interest in whether people self-administer Death with Dignity medication so long as they have the peace of mind and control that comes from the right to acquire it.”

Sometimes controversial, upon request, Client Support Volunteers are present at the time of death for their clients who elect to self-administer medication. Volunteers ensure that the medical protocol for taking the life-ending medication is followed so that family members can focus on their loved one.

Robb asserts that medical providers in Washington State, even those opposed to the option of Death with Dignity, have a professional, ethical duty to provide either basic information about Death with Dignity to their terminal patients who make inquiries about the option or refer them to someone who will.

Most often, referrals to Compassion & Choices come from medical providers, such as doctors, hospice nurses and social workers who work with terminally ill patients. But, as clinics and hospices fall under the control of religiously-affiliated health care systems, more providers are being prohibited from participating in Death with Dignity.

“This forces medical providers to essentially abandon the patient in regard to this issue,” he says. “Time is precious at the end of life.” Robb adds, “If people are delayed in getting the information they need, it can have very serious consequences.”

**Giving Choice to the Dying**

A [2013 Pew Research poll](https://www.pewresearch.org) showed that 66% of U.S. adults believe that under certain circumstances physicians and nurses should allow a patient to die. When asked if people have a moral right to end their lives if they are suffering great pain and have no hope of improvement, 62% agreed.

Compassion & Choices of Washington does not provide or administer life-ending medication. It advocates for patient-centered care and the option of Death with Dignity.

Having choices, even ones they will not use, can help terminally ill people regain a sense of control over their lives, improve their quality of life as life comes to an end, and feel peace of mind.

*If you have strong views about end-of-life care, your best course of action is to make your views known in a living will and to designate a health care proxy. A Place for Mom recognizes that laws permitting physician assisted suicide in Washington, Oregon and Vermont are controversial and opposed by some based on strong moral convictions. While neutral in matters of public policy, A Place for Mom is committed to educating the public about all issues relating to senior care and end-of-life care.*

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