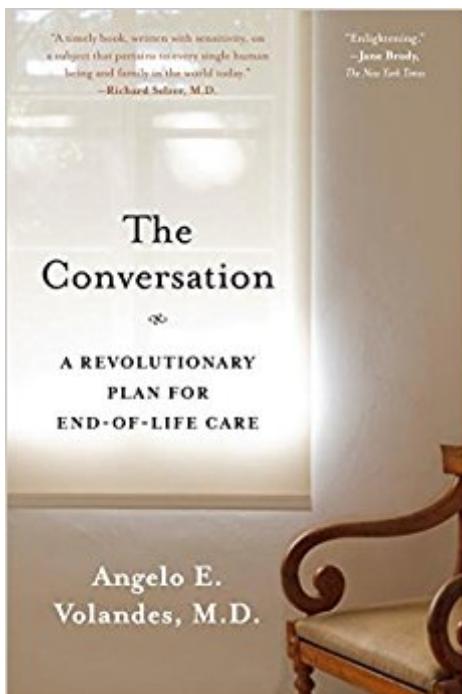


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# The Conversation: A Revolutionary Plan For End-of-Life Care



## Synopsis

There is an unspoken dark side of American medicine--keeping patients alive at any price. Two thirds of Americans die in healthcare institutions, tethered to machines and tubes at bankrupting costs, even though research shows that most prefer to die at home in comfort, surrounded by loved ones. Dr. Angelo E. Volandes believes that a life well lived deserves a good ending. Through the stories of seven patients and seven very different end-of-life experiences, he demonstrates that what people with a serious illness, who are approaching the end of their lives, need most is not new technologies but one simple thing: The Conversation. He argues for a radical re-envisioning of the patient-doctor relationship and offers ways for patients and their families to talk about this difficult issue to ensure that patients will be at the center and in charge of their medical care. It might be the most important conversation you ever have.

## Book Information

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## Customer Reviews

âœWorth the price of the book alone is Volandes' easy-to-follow guide for determining and making known one's end-of-life wishes.â • âœWritten with passion and clarity, this book moves beyond others on the topic by including empirical evidence of how to make such conversations about end-of-life care most effective.â • âœAppropriately, Volandes neither attempts nor claims to be impersonal or unemotional about this charged topic; rather, he brings his personal and professional experiences as well as research to his impassioned argument . . .

[He]makes his points succinctly and convincingly and offers readers the tools to make change within their own lives.â • âœA thoughtful and thought provoking book that confronts

the fear of death with the grace of wisdom and understanding.â • â •Spirituality and Healthâ œEnlightening.â • â •The New York Times

Angelo E. Volandes is a physician and researcher at Harvard Medical School and Massachusetts General Hospital. He is also the co-founder of Advance Care Planning Decisions, a nonprofit organization devoted to encouraging The Conversation through the use of videos. He lives outside Boston, Massachusetts.

Medical Doctor Volandes offers a plan for terminal patients to share with their family members and loved ones concerning how and when their lives should end. He informs the reader that ÂçÂ œonly 24 percent of Americans older than sixty-five die at home; 63 percent die in hospitals or nursing homes, sometimes tethered to machines, and often in painÂçÂ Â• (3). He blames the medical professionÂçÂ Â”doctors like himÂçÂ Â” for their failure ÂçÂ Âœto have discussions with patients about how to live lifeÂçÂ Â™s final chapterÂçÂ Â• (3). If you should become a terminally ill patient, you must have The Conversation with your doctor.I am reminded of a scene from the Mike NicholsÂçÂ Â™s 2001 HBO film *Wit* (based on Margaret EdsonÂçÂ Â™s play), starring Emma Thompson as a highly educated woman dying from late-stage Ovarian cancer. A kind nurse played by Audra McDonald asks Thompson what her wishes are when her heart stops. Thompson indicates she prefers DNR status: Do Not Resuscitate. ThompsonÂçÂ Â™s young intern, a former university student of hers, makes an error on her chart, and the Full Code treatment to revive her ensues instead. McDonald, fortunately, is on hand to remind the doctor, and Thompson is allowed to die in relative peaceÂçÂ Â”as sheÂçÂ Â™s wished. All too often, according to Volandes, Americans are not afforded the courtesy of having The Conversation, and patients are subject to CPR, when statistics show that only a small number of the elderly survive such efforts. At the same time, Volandes explains that medical doctors are trained in the following manner: ÂçÂ ÂœTo doctor patients is to learn how not to dieÂçÂ Â• (8). They and their staffs often canÂçÂ Â™t help themselves. With all the lifesaving equipment and procedures available to them, physicians forget the old saw, ÂçÂ ÂœFirst, do no harm,ÂçÂ Â• and forge ahead because they can. Volandes states, ÂçÂ ÂœPatients can drive change by having greater knowledge of their options, while doctors can drive change by communicating and advocating for those choices . . . every doctor knows that in the end, we all find ourselves on the patientÂçÂ Â™s side of the stethoscopeÂçÂ Â• (9).Most of the research, he tells us, indicates that terminal patients are healthier and have a better outlook at the end of their lives if they know what their choices are, and the two choices are pretty much this: you

either want to be at home, made comfortable with pain control, or you want to be Full Code, where the hospital staff does everything to keep you alive until your loved ones say "Turn it off." The doctor's book is simply written and lacks the dry, overladen rhetoric of medical speak. Instead, he employs moving anecdotes about patients facing the end of their lives, including one about his own father. He describes the video [...] he produces to screen for patients and their loved ones to help them decide how their lives should end, instead of, defaulting to the hospital. I plan to keep The Conversation handy and study it when and if the time arrives. I could always get hit by a truck!

I received my copy of The Conversation yesterday, and read the whole thing, cover-to-cover. Angelo's book is so important; everyone must read it. We will all face end-of-life issues sometime in our lifetime, and it could be sooner than we think. As someone who has been dealing with terminal lung cancer for over 6 years, I should have already had The Conversation, but I have put it off. No longer! Angelo has given me the courage and the information I need to talk to my sons - and doctors - about this very difficult topic. I waited too long to have The Conversation with my mother; she's still alive at 94, but has severe dementia. As her health care proxy, I only hope I will make the right decisions for her in the end, which will be soon. She has only said she wants DNR. Angelo makes it clear that we need much more specific, personal information. I'm so glad Angelo has written this book. I am going to gift it to many of my friends and family.

This book is part of what really is a revolutionary approach to health care as the end of life approaches -- treat the patient, not the disease. Doctor Volandes wants patients and their doctors to think about the health care they want when an illness reaches the point where a cure is unlikely. The way he wants patients to think about it is by learning what various alternative kinds of care entail, and by talking about what they want -- openly and honestly, with their loved ones and their doctors. Do they want medical professionals to "do anything"? Do they want some support of functions that are failing, but not the most drastic? Or do they want comfort care, in which everything possible is done to eliminate pain and discomfort, but in which drastic measures are not taken. If no decision is made, Dr. Volandes points out, the medical default is to do anything to keep the patient alive; that's what medical ethics call for unless the patient orders otherwise, and that's how the system works. Allowing this to happen, or in fact deciding to "do anything" often has nothing to do with treating the illness itself, but consists of treating the conditions that arise from it -- CPR when the heart stops, a ventilator when breathing fails, a feeding tube when the patient cannot eat. These

may prolong life, but the quality of life that results can be miserable. For those who are already at that point, or who have loved ones at that point, these are decisions that need to be made, or the default will apply. Some may in fact choose the "do anything" option: that's their choice. But many others will choose not to accept drastic treatment, and will focus instead on care that keeps the comfortable. These are choices that need to be considered, and communicated clearly before a crisis arises. For those of us who are not ill, but who are getting on, these are also choices that should be considered and communicated. If nothing else, it can spare our loved ones a great deal of anguish when our time comes. Dr. Volandes way of doing this is what he calls "The conversation". He provides ways of approaching this, and he also talks about ways of communicating one's wishes once choices have been made -- living wills, health care proxies, and so on and so forth. This is a compassionate "how to" guide to making -- and communicating! -- choices that older people should make.

This is an excellent book which addresses an important subject. I started reading it because I am a PhD nursing program and am interested in end-of-life decision making and care. I couldn't put it down. I ended up sending a copy to my parents and my mother-in-law. This is something that needs to be done earlier rather than later and this book is a great starting place. Please read it and share it with your loved ones. I am not associated in any way with the author or the publishing company and I have not been given any financial compensation for this review.

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