

End-of-Life Planning Can Prevent Suffering for You, Loved Ones

By Autumn Gray

Medical decisions are some of the most personal choices we make throughout our lives. Unfortunately,



about two-thirds of Americans relinquish that control, potentially resulting in treatments they would not want, increased suffering, higher care costs, and unnecessary emotional burdens for family members. Advance care planning and advance directives can prevent all of that. However, lack of awareness prevents many people from taking action before it's too late.

Advance care planning is the process of thinking through and talking about your health care wishes with family members and health care providers, with the goal of creating an advance directive. An advance directive is a legal document authorized by state laws that makes one's health care wishes clear in case they become seriously ill or incapacitated and are unable to

make or communicate decisions.

"Advance care planning gets everybody on the same page," said Tamra Williams, advance care planning coordinator for Presbyterian Healthcare Services. "We encourage families to do this together so that everybody's getting the same message: 'This is what's important to me; this is who I've chosen to have talk for me if I couldn't talk for myself.' So, it's a gift you give to loved ones so that they're not guessing."

While some people will want all possible medical procedures performed to keep them alive, including resuscitation and life support, others may simply want to be assured they'll be made comfortable as nature takes its course. Being surrounded by the familiarities at home may be important to one person, while another might feel more comfortable amid medical personnel at a hospital. The degree to which pain is controlled may also be of consideration.

The most frequently reported reason people give for not having a directive is lack of awareness, according to a National Institute of Health (NIH) study. The research also found that advance directive completion was associated with older age, more education, and higher income and was less frequent among non-whites.

While no statistics are available on the number of New Mexicans who have advance care directives, NIH data indicating racial, ethnic, and income disparities suggest it is likely that the numbers fall below the national average of about 30 percent.

To help address any barriers to advance care, Optum New Mexico family physician Gilberto Heredia,

said, "We try to make it a practice at Optum where at least once a year we have a wellness visit with patients where we discuss these end-of-life issues as part of routine preventive health care for all adults."

While Heredia said Optum NM's in-clinic advance care planning is emphasized with patients 65 and older, people as young as 18 should have these conversations. If COVID-19 taught us anything, it's that no one is impervious to critical illness or death regardless of their health or age.

"These conversations are just as relevant to someone who's 18, as they are to someone who's 80 or 108," Presbyterian's Williams said. "By telling us what's important to you, this helps us to guide your health care moving forward."

Presbyterian offers free advance care assistance as a community service to all New Mexicans regardless if they are a Presbyterian patient. Specially trained volunteers are available to answer questions or help with forms by calling 866.773.7226.

Optum NM provides its patients with a MOST (medical orders for scope of treatment) form that can

serve as their directive. Forms can also be found online. However, nothing as formal as that is needed to be enforceable.

"You could write your wishes out on any piece of paper, sign and date it, and present it to your loved ones and your primary care provider. It would be a legal document," Williams said. "What's important is that it's created, and created by you."

Dates, too, are critical. Since advance directives can be revised at any time, it's important to make sure to date an amended document or a newly-created document every time a change is made. The law recognizes the most recent writing, and the document automatically takes effect when a patient becomes unable to render his/her own decisions.

"We all wish to be 98 years old and just fall asleep one night and not wake up, go peacefully that way," Heredia said. "But you never know what life has in store for you."

"Recognition of your own mortality and pondering your values, wishes, and desires when you're healthy can also help you lead a fuller life now."

Common Advance Directive Myths

Myth 1: It costs money to create an advance care directive.

Fact: Advance care forms are free. They are available from health care providers and online. However, no particular form is required.

Myth 2: A lawyer needs to be involved.

Fact: No legal representation is required to create an advance care directive that will be recognized as enforceable. A person only needs to write down their wishes on a piece of paper (including designating someone as having power of attorney to speak on your behalf), sign it, and date it.

Myth 3: Only older people should be concerned with directives.

Fact: Anyone age 18 or older should consider discussing their wishes for future health care with loved ones and creating a directive.

Myth 4: A directive must be notarized to be recognized by law.

Fact: New Mexico law does not require a directive be notarized or witnessed to be enforceable.

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