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Time to talk about death

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DARYL CARLSON/CITIZEN PHOTO HOSPICE PROGRAM
Manager Andrea Huertas listens as Dr. Ira Byock, director of Reclaiming the End of Life, discusses the future of elderly health care with a panel of local caregivers at Lakes Region General Hospital Tuesday

LACONIA - Since 78 million baby boomers are now entering their 60s, there's a rapidly increasing urgency for people to face one of life's certainties - death -squarely and sensibly.

Dr. Ira Byock, a physician who is head of palliative medicine at Dartmouth-Hitchcock Medical Center in Lebanon, also is director of Reclaiming the End of Life, an initiative to improve care and the quality of life for frail elders, seriously ill people and family caregivers.

The plan is that, through a series of eight community meetings this spring, including one on April 24 at the Laconia Congregational Church, a report will be published and talking points and questions drafted that can then be brought to the attention of presidential candidates visiting the Granite State for New Hampshire's first-in-the-nation primary.

The first step in getting the next president of the United States to appreciate and embrace end-of-life issues is to start the discussion on the local level. That entails talking about something most people don't want to talk about — the fact that we all die — and to take the position that it is possible to die with dignity.

That was the message Byock brought to Lakes Region General Hospital Tuesday morning when he sat down with members of the public, LRGH staff and representatives of Community Health and Hospice.

On May 1, Health and Hospice will launch a palliative care program in conjunction with the hospital.

An advocate for the rights of dying people and their families as well as the author of numerous journal articles and of two books on the subject, Byock said flatly that there is "a public health crisis" and that "most of us hardly ever notice how bad things are" when it comes to dealing with our own or the deaths of family members or friends.

Because of the taboo and an overwhelming sense of denial that permeates the process of dying, many Americans don't communicate their end-of-life wishes to caregivers and only some 20-30 percent of people who are dying get to realize what studies show the majority want: the opportunity to die with dignity in their homes, not in a hospital or nursing facility.

There is nothing wrong with nursing homes, per se, said Byock, but they are one of the sometimes-misunderstood variables in the dying process.

Other variables that compound the emotional and physical pain of dying include doctors who were not taught to deliver bad news; hospice care that in many cases is offering significantly fewer than the 180 days Congress envisioned; and what Byock called the erroneous "either-or" care model.

Under that model, it is assumed that people who are dying can choose either a medical approach to continue their lives or they can go the Hospice route. The reality is that there are other options.

"It is becoming ever-harder to care for elders," said Byock, noting that, as a desirable place to live, "New Hampshire is aging more quickly than the rest of the nation" as retirees head north.

Add a severe shortage of nurses to the mix, as well as the challenges of delivering medicine in rural areas, and, "I worry that these may be the good old days," he said, even when they are not so good in terms of providing care to the dying.

"We have to start talking about this issue," Byock said. "This is the elephant in the room" that nobody wants to address.

On the national level, "we're talking Iraq, North Korea and Anna Nicole Smith and, on any given day, astronauts in diapers," said Byock. Meanwhile, "the boomers keep on dying," he said, without any real discussion about how they die.

Byock hopes that Reclaiming the End of Life initiative will use the state's presidential primary "as a lever" to foster that discussion.

He praised Community Health and Hospice and the hospital for their work. Still, Dr. Carolyn Crosby of the Belknap Family Health Center, who is certified in hospice and palliative medicine, said it's still difficult to talk about death and how to get ready for it.

"People are not comfortable," she said, "and when the end comes, how aggressive do you want to be?"

Byock agreed that doctors "don't want to destroy hope" and that some are reluctant to talk about "advance directives" including DNR's — do not resuscitate orders — lest they be accused of insensitivity.

Crosby said that, if primary care physicians do not broach the subject, their patients may get the message delivered late at night when they start gasping for air and the on-duty doctor, who is probably unfamiliar with them, is placed in the unenviable position of talking about care choices, including going on a ventilator.

"I don't know where the fix is," said Crosby, but she indicated that it begins with talking as well as examining how modern medicine approaches end-of-life.

To a question from reporters, Crosby said some insurance companies will continue to pay for medical treatments right up to the time of a patient's death, even when those treatments are futile, whereas there are other ways of providing care and comfort.

"It's time we baby boomers grow the rest of the way up," said Byock. "We're going to die. Get over it," and do something that makes death meaningful to you and loved ones.

John Davies of Community Health & Hospice said people could, in large part, choose the way they die much in the way they choose how to live.

"It's a craziness of our society" to deny death and not want to talk about it, he said.

People who are dying should be told that they could be models to others and "die in a way that's loving, that's clear," said Byock.

John Walker, also of Community Health & Hospice, hoped that increased media coverage of end-of-life issues makes the public more able to talk about them.

"We need a lot more PR," Walker said.

"We have to reclaim what we knew culturally in the earlier part of the 20th century," Byock said, that death is a natural part of life and is something that should be planned for rather than avoided.



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DARTMOUTH HITCHCOCK MEDICAL Center's
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