

“In Support of ‘Slow Medicine’”(August 25, 2011)

I just finished an article about a family devastated by their patriarch's steady decline into dementia. Following a significant stroke, the author's father is unable to maintain his previously independent life. As time passes, the vascular dementia that presented following his stroke becomes more progressed and he becomes dependent on his wife for care. When the wife is told that her husband will not be cleared for hernia surgery without a pacemaker (due to a slow heartbeat), she agrees. The family is then faced with the reality that the pacemaker will prolong a life that is lacking in any quality for their husband/father and look into ways of turning it off. As the family sees it, had he not received the pacemaker, a heart attack probably would have taken him quickly-preventing a further decline into dementia with even more limited communication or interaction with the world around him, as well his wife/caregiver's diminished quality of life.

“Slow Medicine is an approach to care over many years of late life that emphasizes careful and reflective decisions, which help to set the tone for more complex end-of –life decisions. It encourages useful diagnostic and therapeutic choices, but discourages use of aggressive, difficult, and costly procedures, which cannot stop the inevitable decline of advanced age.” (“Advance Care Planning” by Judith Parnes, LCSW, CMC, as seen in “inside gcm: Publication of the National Association of Professional Geriatric Care Managers”.)

This story calls into question how any of us would like to be treated at the end of our lives. And what do we consider the end of our lives? Is it the period of weeks before we die or the years in which our quality of life is no longer what we would have hoped for? What are our values and wishes for such a time? In what situations would we want “anything and everything” done to extend our lives and when would we want to stop interventions? It is important to answer these questions before we become ill and debilitated, for many reasons. Most importantly, by stating clearly in an advance directive what you would want done and when (as best you can not knowing what situation you may potentially find yourself), you are saving your family the grief of making that painful decision for you. It is at such times that many families are ripped apart by opposing opinions about what should be done to treat a loved one. If this decision has already clearly been made by yourself, on paper and in conversations with your healthcare team and family members, chances are better that this animosity will be avoided.

(For free state-specific Advance Directive forms, go to www.partnershipincaring.org).