

Planning for the end of life



At the Sept. 1 Woman of Wellness event, Sen. Joel Anderson representatives Taryn Murphy, left, and Ellie Leavitt, right, present a certificate of recognition to the August Healthcare Champion, Anytime Fitness, represented by manager Elizabeth Quezada. The gym is owned by Matt and Elizabeth Snyder.

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The Woman of Wellness (WOW) program for September featured a presentation by Rachel Mason, the executive director of the Foundation for Senior Care, on "How to Have Difficult Conversations about End of Life". Sponsored by the Fallbrook Healthcare District, the program was held at Fallbrook Library on Sept. 1.

Mason has professional hospice experience to draw from as well as her own personal experience with her family when it comes to making end of life plans. Her suggested approach to discussing end of life topics is "celebrating life...have fun with the conversation."

Asking questions about what matters to a person when considering the end of their life is a good beginning. They might say, "Not being in pain", "Dying at home", "Having the ability to recognize loved ones", "Being surrounded by loved ones" or "Having my cat on my bed".

She has found that most people don't fear what happens after they die but what will happen to them before they die. She recommends that people of all ages decide for themselves what they want, and then let others know about their wishes, desires, and plans so no one has to guess what they may have wanted.

"This is the best legacy gift you can leave behind for your loved ones," Mason said.

She then talked about reality vs. desire. Some people think their doctor can tell them when they are going to die and that their family will know what they want (i.e. what clothes to be buried in or what kind of service to hold), but "we don't know when we are going," Mason explained.

Some people might want a wake, others a party at a bar. Some might want to be buried in

the family plot while others might want to be cremated and scattered at sea. Many families fight over the arrangements for their loved one so making plans ahead of time will save one's family grief and guarantee that one's wishes will be followed.

It helps to think about issues that will cause conflict and eliminate them, Mason said. Healthcare providers have POLST forms (for advance directives) on which a person can specify what kind of care they want when they cannot speak for themselves. That includes use of ventilators, feeding tubes, and artificial hydration. It is also important to name a relative or friend as one's healthcare advocate, someone who knows what the person wants and will carry out their plan.

Mason emphasized that the time to make plans is while one is still healthy, which is now. Writing out one's plan first before talking to someone about it is good. If the person one needs to talk to has a hard time talking about those kinds of subjects, a good time to broach the topic is after the death of a celebrity or when a person that went to the same church has died. That makes it less scary, easier and more personal, she said.

Subjects to consider when making plans include who is going to take care of one's pet, and who is going to take one's stuff when they are gone. "Not having a plan causes hard feelings," Mason said. So, it is a good idea to write out those wishes she added, "Who gets Grandma's crystal? The ancestral family quilt? Your beloved Snookum pooh?"

It is also a good idea for parents to discuss with their adult children what will happen when they die, and for them to think about what their family will do with their stuff when they get too old to live at home.

For people who need help with making plans, there are

resources on-line that can help them. The website www.TheConversationProject.org had a downloadable form that gives prompts for filling it out. There are mortuary/pre-need counselors and other people to talk to who can help. The National Hospice & Palliative Care Association offers help on its website, <http://caringinfo.org/> and the Foundation for Senior Care also has useful resources.

Mason facilitates a support group for women with metastatic breast cancer which has recently lost five of its members. The remaining members talked about the end of life. One had already written her detailed plans on index cards. Those who had a plan, she said, already felt better. She suggested they write their obituaries; "a good exercise, what you want people to know about you," Mason said.

She also recommended writing a letter to one's children as a beautiful way to leave them a legacy. A video diary, which can be added to each year, is also an option in telling what represents one's self.

Mason further explained that people take a "long time getting ready for a baby. Why not do the same thing for death? Have a will, an estate, have a favorite charity in trust." It is also helpful to survivors if one scans photos and send them to people, writes notes in photo albums telling who is who instead of leaving boxes of photos of unidentified people.

She suggested people decide what they want to get rid of now, things they don't want anyone to know about. In the process of making these plans, they can "celebrate what life is all about, loving other people," Mason said.

People in the audience also had some good ideas. Someone said family reunions are a good place to learn the identity of those people in old photos. Another person



Rachel Mason, executive director of the Foundation for Senior Care, talks about how to approach end of life issues with loved ones. Lucette Moramarco photos

suggested having an inheritance party, while another told of a friend who had a celebration of life at age 95 (she is 99 now).

Mason said having four men in the room that night was unusual as "men generally don't know how to have this conversation." Some suggestions for getting men to talk about end of life issues were using

reverse psychology, or having their lawyer or doctor bring up the subject. Mason advised women "to plant the seed, talk about it often." She also recommended revisiting one's advance directive every three years.

The Foundation for Senior Care can be reached at (760) 723-7570 and foundationforseniorcare.org.