

Your Conversation Starter Kit

When it comes to end-of-life care, talking matters.







The Conversation Project is dedicated to helping people talk about their wishes for end-of-life care.

We know that no guide and no single conversation can cover all the decisions that you and your family may face. What a conversation can do is provide a shared understanding of what matters most to you and your loved ones. This can make it easier to make decisions when the time comes.

NAME	
DATE	

HOW TO USE THE STARTER KIT

This Starter Kit doesn't answer every question, but it will help you get your thoughts together, and then have the conversation with your loved ones.

You can use it whether you are getting ready to tell someone else what you want, or you want to help someone else get ready to share their wishes.

Take your time. This kit is not meant to be completed in one sitting. It's meant to be completed as you need it, throughout many conversations.

TABLE OF CONTENTS

Why talking matters 2
Step 1: Get Ready 3
Step 2: Get Set 4
Step 3: Go
Step 4: Keep Going 10

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Why talking matters

Sharing your wishes for end-of-life care can bring you closer to the people you love. It's critically important. And you can do it. **Consider the facts**:

90% of people say that talking with their loved ones about end-of-life care is important.

27% have actually done so.

Source: The Conversation Project National Survey (2013)

60% of people say that making sure their family is not burdened by tough decisions is extremely important.

56% have not communicated their end-of life wishes.

Source: Survey of Californians by the California HealthCare Foundation (2012)

80% of people say that if seriously ill, they would want to talk to their doctor about wishes for medical treatment toward the end of their life.

7% report having had this conversation with their doctor.

Source: Survey of Californians by the California HealthCare Foundation (2012)

82% of people say it's important to put their wishes in writing.

23% have actually done it.

Source: Survey of Californians by the California HealthCare Foundation (2012)

One conversation can make all the difference.

Step 1 Get Ready

You will have many questions as you get ready for the conversation. **Here are two to help you get started:**

?	have the conversation?
?	Do you have any particular concerns that you want to be sure to talk about? (For example, making sure finances are in order; or making sure a particular family member is taken care of.)

REMEMBER:

- You don't need to have the conversation just yet. It's okay to just start thinking about it.
- You can start out by writing a letter—to yourself, a loved one, or a friend.
- You might consider having a practice conversation with a friend.
- Having the conversation may reveal that you and your loved ones disagree. That's okay. It's important to simply know this, and to continue talking about it now—not during a medical crisis.
- Having the conversation isn't just a one-time thing. It's the first in a series of conversations over time.

Step 2 Get Set

What's most important to you as you think about how you want to live at the end of your life? What do you value most? Thinking about this will help you get ready to have the conversation.

1009				
(For e	finish this sentencexample, being able excellent nursing car	o recognize my cl	hildren; being in tl	he hospital
a big help	our "what matters to down the road. It co ties are most import hat isn't.	uld help them cor	mmunicate to you	r doctor
Use the so	STAND SCALES cales below to figure number that best re	-	•	
As a patie	ent, I'd like to know	•••		
1	2	3	4	<u> </u>
Only the babout my and my tre	condition		my c	details abou ondition and ny treatmen
• • • • • • • • • • • • • • • • • • • •				
As doctor	rs treat me, I would	like		
1	2	3	4	5
My doctor they think	rs to do what is best			have a say ir very decisior

<u>1</u>	erminal illness, I w 2	3	4	5
Not know how quickly it is progressing			estima	doctors best tion for how I have to live
	at your answers. kind of role do you	want to have in th	e decision-making	process?
How long (do you want to red	eive medical car	e?	5
Indefinitely, no matter how uncomfortable treatments are			Qu more i	ality of life is mportant to nan quantity
What are a	sonsovns abo	ut trantment?		• • • • • • • • •
	our concerns abo		4	5
I'm worried that I won't get enough care				d that I'll get gressive care
What are y	our preferences a	bout where you	want to be?	
1	2	3	4	5
I wouldn't mind spending my last days in a health care facility				to spend my ays at home
•	at your answers. do you notice abou	t the kind of care y	ou want to receive	e?

How involved do you want your loved ones to be?					
\bigcirc	1	2	3	4	5
I want my loved ones to do exactly what I've said, even if it makes them a little uncomfortable					
Wh	en it comes	to your priva	ncv		
	1	2	<u> </u>	4	5
	en the time of	,		l want to be by m	surrounded y loved ones
•••	• • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •
Wh		to sharing in	formation		
\bigcirc	1	2	3	4	5
to l	I don't want my loved ones to know everything about my health I am comfortable with those close to me knowing everything about my health				
?	What role	-		play? Do you think think they have no	-
?	want your	friends, fami		oortant things thans to understand a life care?	-
1.					
2.					
3.					

Step 3 Go

When you're ready to have the conversation, think about the basics.

MARK ALL THAT APPLY:	
? WHO do you want to talk to?	
MomDadChild/ChildrenPartner/SpouseSister/Brother	 □ Faith leader (Minister, □ Priest, Rabbi, Imam, etc.) □ Friend □ Doctor □ Caregiver □ Other:
? WHEN would be a good time to to	alk?
□ The next holiday□ Before my child goes to college□ Before my next trip□ Before I get sick again	 Before the baby arrives The next time I visit my parents/ adult children At the next family gathering Other:
? WHERE would you feel comfortal	ole talking?
At the kitchen table	☐ Sitting in a park
At a favorite restaurantIn the carOn a walk	☐ At my place of worship☐ Other:☐
WHAT do you want to be sure to If you wrote down your three most you can use those here.	say? important things at the end of Step 2,

How to start

Here are some ways you could break the ice: "I need your help with something." "Remember how someone in the family died—was it a 'good' death or a 'hard' death? How will yours be different?" "I was thinking about what happened to _______, and it made me realize..." "Even though I'm okay right now, I'm worried that _______, and I want to be prepared." "I need to think about the future. Will you help me?"

"I just answered some questions about how I want the end of my life to be.

I want you to see my answers. And I'm wondering what your answers would be."

What to talk about:

When you think about the last phase of your life, what's most important to you? How would you like this phase to be?
Do you have any particular concerns about your health? About the last phase of your life?
What affairs do you need to get in order, or talk to your loved ones about? (Personal finances, property, relationships)
Who do you want (or not want) to be involved in your care? Who would you like to make decisions on your behalf if you're not able to? (This person is your health care proxy.)
Would you prefer to be actively involved in decisions about your care? Or would you rather have your doctors do what they think is best?
Are there any disagreements or family tensions that you're concerned about?
Are there important milestones you'd like to be there for, if possible? (The birth of your grandchild, your 80th birthday.)

Mhere do you want (or not want) to receive care? (Home, nursing facility, hospital)
Are there kinds of treatment you would want (or not want)?(Resuscitation if your heart stops, breathing machine, feeding tube)
When would it be okay to shift from a focus on curative care to a focus on comfort care alone?
This list doesn't cover everything you may need to think about, but it's a good place to start. Talk to your doctor or nurse if you'd like them to suggest more questions to talk about.

REMEMBER:

- Be patient. Some people may need a little more time to think.
- You don't have to steer the conversation; just let it happen.
- Don't judge. A "good" death means different things to different people.
- Nothing is set in stone. You and your loved ones can always change your minds as circumstances change.

- Every attempt at the conversation is valuable.
- This is the first of many conversations—you don't have to cover everyone or everything right now.

Now, just go for it! Each conversation will empower you and your loved ones. You are getting ready to help each other live and die in a way that you choose.

Step 4 Keep Going

Congratulations! You have had "the conversation" — hopefully, the first of many. You can use the following questions to collect your thoughts about how your first talk went, and to think about what you'd like to talk about in future conversations.

?	Is there something you need to clarify that you feel was misunderstood or misinterpreted?
?	Who do you want to talk to next time? Are there people who should hear things at the same time (like siblings who tend to disagree)?
?	How did this conversation make you feel? What do you want to remember? What do you want your loved ones to remember?
?	What do you want to make sure to ask or talk about next time?

Now that you have had the conversation, you're ready to think about **completing two important legal documents** to make sure your wishes are clearly stated — and respected when the time comes.

Choose a Health Care Proxy

A health care proxy (also known as a **durable power of attorney for health care**) is a legal document in which you appoint another person (a proxy or agent) to express your wishes and make health care decisions for you if you cannot speak for yourself. Choose someone who knows your wishes well — a person you trust to speak for you if you're not able to speak for yourself.

Complete an Advance Directive

An Advance Directive, also known as a **Living Will**, is a legal document in which you state your wishes regarding end-of-life medical care — including the types of treatments you do and do not want — in case you are no longer able to make decisions or communicate your wishes. (Note: This is different from your Last Will and Testament, which is used to distribute assets.)

For additional information about advance care planning in your area, please contact:

www.capecodhealth.org/quality-of-life qualityoflife@capecodhealth.org

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