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Hospice Care and Planning

The Process of Dying: What's Most Important to Us

Several years ago, the Gallup organization conducted a national survey entitled "Spiritual Beliefs and the Dying Process." The survey results offer valuable insights into what's important to Americans.

After several decades of bearing witness to the indignities sometimes associated with high-tech death, Americans have begun to insist that dying is more than a clinical event. Commenting on the survey results, George H. Gallup, Jr. made this observation: "The American people want to reclaim and reassert the spiritual dimensions of dying."

The survey explored attitudes and behaviors on how people find comfort in their dying days; things that worry people when they think about their own death; and how people plan for disability or death, including the possibility of physician-assisted suicide.

The results illustrated the importance of human contact as a source of both spiritual and emotional support at the time of death. People look to family (81%) or close friends (61%) to provide this support. Interestingly, only a minority (36%) felt the clergy could effectively comfort them. Mr. Gallup said that result was "a wake-up call for the clergy."

Medical concerns such as suffering great pain or living in a persistent vegetative state were prominent

among all age groups. Specifically spiritual concerns were most prominent among younger adults. For example, 72% of 18 to 24 year-olds worried about not being forgiven by God, and 63% of them worried about being cut off from God or a higher power. Those results may suggest a particular need for spiritual counseling for young people dealing

with the process of dying, since they are struggling with the shape of their personal spirituality and thus feel less confident about facing ultimate questions.

The question of physician-assisted suicide elicited divided opinions. For example, 33% supported making it legal under a wide variety of conditions, while 32% supported making it legal in a few limited cases and 31% opposed making it legal for any reason. Demographically, minorities and those over age 55 are more likely to oppose physician-assisted suicide; those who identify

closely with a particular faith are most likely to oppose it.

Americans split roughly down the middle on the question of whether they could envision a situation in which they would request physician-assisted suicide for themselves. Half said they would, and 47% said they would not.

Join us for this month's teleconference seminar:

CASE STUDIES: NURSING HOME ASSET PROTECTION PLANNING IN ACTION

This seminar will build on last month's introductory seminar on Advance Legal Planning to Protect Assets from Nursing Home Spend-Down by presenting and discussing, in detail, some case studies that will illustrate how the planning is carried out in real-life.

This is a FREE seminar, and better yet, you don't even need to leave your desk to attend!

Date: Wednesday, October 24, 2007

Time: 12:00 Noon to 1:00 p.m.

*To register, call us at 314-567-9292 in Missouri
or 618-659-9292 in Illinois,
or e-mail beth@coulsonlawgroup.com.*

Call now and mark your calendar!

Ask the Expert . . .

It's NOT About Giving Up . . .
It's About YOU Having a Choice

By: Shelley Merritt
Provided by: Family Hospice

All too often when someone hears the word "hospice" two thoughts immediately flood the mind: the reality of the end, and the idea that everyone (patient, family and doctor) is simply giving up. Please understand that the following statements are not to change a person's mind about hospice immediately, but more to educate on what hospice is really all about backed up by fact-based information.

Reason #3: Hospice values the families affected just as much as the patient who is being served.

Reason #2: Just because a person is in hospice does not mean death is right around the corner. Hospice focuses on QUALITY of LIFE.

Reason #1: Hospice is NOT about giving up . . . It's about YOU having a choice. This reason really ties the other two together in order to make a valid point. We all know there are terminal illnesses in this world, but thanks to modern medicine we are developing new treatments for these illnesses all the time. However, there comes a point in time when you need to assess the situation at hand and truly decide if the curative treatments you are seeking are helping or harming the patient. Take a moment and ask yourself if the patient is spending all their time going back and forth to doctor's appointments and leaving sicker and weaker than when they first went. In hospice we focus on pain management and symptom control so the patient may spend their days as comfortable as possible and do the things *they* want to do. Keep an open and honest relationship with the patient's physician so there is no confusion on when and if curative treatment is no longer an option. Most of all, know that as the patient and/or caregiver, YOU HAVE A CHOICE on how YOU want to spend YOUR life. There are numerous families out there who are so thankful for organizations like hospice because it is an organization that better prepares the letting go process for both patient and family. It's not about giving up, but living the rest of your life the way you want to.

When asked if they would consider very painful treatment if given a 50/50 chance of survival, a majority said they would approve it. But when the chances for survival were presented as being only one in four, 70% chose easing pain over extending life. Those who said that their religious faith was the most important thing in their lives and that their lives belonged to God were most likely to choose extending them, even at the cost of significant pain and with greatly reduced odds.

Those who might think that legal planning for end-of-life issues has become prevalent may be surprised to learn that only 28% of Americans surveyed have signed any type of legal document that either appoints someone to make medical decisions for them or describes the type of care they would want. Those most likely to have signed such documents are the elderly (40% -- still a minority -- of those over 65), college graduates (36%) and the widowed (50%). Of those who had signed such documents, 82% had told a family member, but only 15% had informed a lawyer or medical professional.

One important conclusion drawn by the authors of the study is that medical education should better prepare physicians to engage the human, spiritual dimensions of the dying process as well as its clinical realities; and, overall, to understand and integrate the spiritual beliefs that so often guide their patients.

A Wake-Up Call for Hospice Workers

It may be easy for a hospice worker to assume that every hospice patient has a health care power of attorney and/or health care directive in place. But the survey result proves that's not true, by a long shot. The lesson for hospice workers is clear: never assume; always ask.

We think every hospice patient should have such a document in place. That's why we're willing to furnish a copy of "The Five Wishes" free of charge to anyone who requests one. That, of course, includes any hospice worker who requests one on behalf of a patient.

We're on the web!
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www.qualifyformedicaid.com

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The e-mail newsletter will give you immediate access to our websites www.CoulsonLawGroup.com, www.QualifyForMedicaid.com, and www.BetterEstatePlanning.com, where you will be able to access the archives of previous newsletters and find a lot of additional information on subjects of interest.

Hospice Care and Planning is written by the attorneys of The Coulson Law Group, Wesley J. Coulson and Joseph Ilges, and is published as a service of The Coulson Law Group, 1001 Craig Road, Suite 224, St. Louis, Missouri 63146; 101 Southpointe Drive, Suite B, Edwardsville, Illinois 62025. This is for general informational purposes only and does not constitute legal advice. For specific questions, you should consult a qualified attorney.

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