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Tagline

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Dinner Table Conversations Give an Opportunity to Talk About End-of-Life Wishes

Many people struggle with the idea of talking to their loved ones about death. When is the right time? How should they bring it up? Is there a way to have a conversation that isn't so awkward?

Michael Hebb, founder of the Let's Have Dinner and Talk About Death campaign, thinks there's an easier way to start talking. Because conversations about death don't often come up naturally, he proposes a friendly setting to start the discussion: over the dinner table.

"The dinner table is the most forgiving place for difficult conversation," Hebb explains. "The ritual of breaking bread creates warmth and connection, and puts us in touch with our humanity. It offers an environment that is more suitable than the usual places we discuss end of life."

Hebb began his campaign in August of this year after learning that two thirds of Americans aren't having their end-of-life wishes met. Instead of dying at home like they want, many people are spending their last days in hospitals. Others don't leave clear instructions for their families and loved ones to follow, which can lead to confusion and unwanted medical care at the end of life.

According to the campaign website, the goal of Let's Have Dinner and Talk About Death is to "transform this seemingly difficult conversation into one of deep engagement, insight, and

empowerment." There is often a taboo surrounding discussions about death. People may not know how to bring up such a sad topic, or they may be afraid to hear their loved ones talk about the end of life.

Hebb's campaign tries to make these intimidating conversations as easy as possible. For those hosting the dinner, the campaign website offers a step-by-step guide for how to invite loved ones and what to discuss with them. The host or hostess can then choose videos, articles, or soundbites about the end of life from the website to share with dinner guests.

These conversations are designed to have guests think about the end-of-life concerns they may not have addressed before, like choosing a health care proxy, writing a living will, or becoming an organ donor. "It is our hope that [these conversations]...change how we prepare for and spend our final days," Hebb concludes.

For more information, or to host your own Let's Have Dinner and Talk About Death event for family or friends, visit deathoverdinner.org.

Death Over Dinner: A Virtual Guide

The Let's Have Dinner and Talk About Death website provides all the steps you need to host a successful dinner conversation.

- 1. Who's Coming to Dinner?** Family, friends, co-workers, or a mix of everyone?
- 2. Your Intention.** Why are you hosting the dinner? Maybe someone in your family is terminally ill, or maybe you just want to be prepared.
- 3. Read/Watch/Listen.** Choose end-of-life videos and articles from the website library that you think will help your group start a conversation.
- 4. Activate.** The website will create a custom email invite for you to send out to dinner guests.



End-of-Life Care News Briefs for Patients and Families

Fewer Cancer Patients Are Dying in the Hospital

A recent report from The Dartmouth Institute finds that there has been a decrease in the number of cancer patients who are dying in the hospital, from nearly 29% in 2007 to under 25% in 2010.

Since most cancer patients express the desire to die at home, these results are a positive trend. “Most patients with cancer who are approaching the end of their lives prefer supportive care that minimizes symptoms and their days in the hospital,” reports the Institute. “Unfortunately, the care patients receive does not always reflect their own preferences.”

However, there has also been a rise in hospice enrollment, which indicates that more people are taking advantage of programs designed to give them the best death possible. From 2007 to 2010, the percentage of cancer patients enrolled in hospice jumped from 55% to 61%. This means that more patients are able to take advantage of hospice benefits — like palliative care and pain relief — before the end of life.

Even though the numbers of cancer patients enrolled in hospice are rising, many patients are still enrolling only days before death, which means they may miss out on the full benefit of hospice care. To make sure that patients are getting comfort care early, the report encourages regular, realistic discussions between patients and doctors.

“Patients with cancer want to understand their chances and treatment options....

[P]atients who have end-of-life conversations with their clinicians have a greater chance of receiving the type of care they prefer,” states the report.

When end-of-life discussions occur, many patients choose to focus on the comfort and good quality of life that hospice and palliative care programs can provide.

“[These] findings...suggest that there is more work to be done to ensure the wishes of cancer patients...are honored,” the report concludes.

Learning to Talk Openly About Your Pain

Because pain is often considered a regular side effect of advanced age, many people suffer in silence without ever talking to their doctors about how much daily pain they experience.

The myth that pain has to accompany older age is so widespread that the National Hospice and Palliative Care Organization (NHPCO) has devoted a website to helping people understand that pain can and should be treated.

“Pain...is your body’s way of telling you something needs attention. You need to talk about this with a doctor or your family caregivers so the issue can be treated,” the NHPCO explains.

It can be hard for someone to talk to a doctor or other caregivers about regular pain, because it may seem like complaining. But unlike other physical symptoms, no one can “see” pain except

for the person living with it. This makes it important to have honest discussions about pain with a doctor so the pain can be managed.

Pain management isn’t just about physical pain, either, the NHPCO points out. It also includes emotional pain, like depression or anger. Both physical and emotional pain tend to become worse near the end of life.

If pain stems from a life-limiting illness or advanced age, one of the best resources for pain management is a hospice or palliative care team. Because these teams are trained to relieve both physical and emotional pain near the end of life, a person’s quality of life improves under their care.

The NHPCO believes that every patient has the right to pain management. For more information and resources, visit the NHPCO pain management website at www.caringinfo.org/pain.

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