

End-of-Life Conversations

“Conversations Needed Out of Love”

By: Doug Horn, CFP®.

Of all the conversations parents have with their children, these may be some of the most difficult, but also some of the most important. As a society we have made these conversations easier by developing forms and other legal documents commonly known as *Directive to Physicians*, but not avoidable. As part of most estate plans, there are several documents each with their own purpose including those pertaining to end-of-life decisions. If this topic is uncomfortable or one you have never discussed this with your family, please continue to read as it may prevent a great deal of heartache in the future.

For couples, this generally is not an issue if estate planning has been completed. Most couples when signing these documents have the appropriate conversations with each other on the decisions which may face the healthy partner. But, for whatever the reason many parents do not take the time to share these conversations with their children.

To diminish potential heartache for the family, there are steps which can and should be done. First and foremost is completing an estate plan including a detailed *Directive to Physicians* document. Followed by conversations with those who will face making the decisions for you when you cannot. Signed and forgotten is not the solution for this document. As we age, our health and perhaps our end-of-life decisions may change and thus this document should be reviewed every several years, not letting more than five years go by without a review. If there is more than one candidate available to be your healthcare agent, selecting the one who will not be emotionally traumatized due to your condition, but empathetic to you as well as other family members may be the best to serve as your healthcare agent.

Whether you are the child or the parent, the need to understand the wishes of the elderly adults within your family is crucial. Even before the decision may fall to a child, they should be prepared and aware of the adult's wishes and if possible, the remaining children if any are equally informed. Every family will have their own dynamics based upon the number of children, circumstances surrounding the condition of the adult in crisis, whether there is any guidance in place, and the amount of participation of the adult. Those families with an only child avoid many issues, but others remain, and the only child is now the decision maker whether they are prepared or not. End-of-life decisions are never easy and even when the wishes are known, there is always the struggle within one's self or other family members. Without proper guidance, so much doubt can be created that decisions can be delayed, or the wishes of the decision maker overrides the desires of the adult.

Selecting the oldest or the child living closest may not be the best selection for the family. The healthcare agent is not a democratic position. They may face a sibling or other family member who is not ready for you to pass and insist on taking steps to prolong your life, even when your documents may say otherwise. For those adults who are facing end-of-life decisions, many have generally come to terms with their condition and are ready to pass. They do not want to merely exist, but to live. When that is not possible, they are ready for their life to end. The same may not be true of every family member and while trying to appease the family member who is not ready, the healthcare agent must remember who they are there to serve. The strength to make these decisions comes from the knowledge that they are fulfilling your wishes, and this can only be done once they understand the documents you have signed and after intimate conversations with you. Preferably these conversations occurred months or years before the need arose and once again if possible during your final weeks or days.

End-of-Life Conversations: continued

When your healthcare agent is preparing to make the end-of-life decisions for you, there are other conversations that if possible should also occur. The family attorney and financial advisor should also be notified of the condition of the ailing adult. There may be steps that can be taken by either or both professionals which could benefit or assist the family during this difficult period provided they occur while you are still living. While their client is nearing the end of their life, most professionals still want to be able to assist the family in preparing for the loss of their loved one by reviewing beneficiary forms or investment positions that may need attention.

Being the healthcare agent can be a lonely and stressful position and one not to be taken lightly. If you find yourself in this position, take the time to truly understand the wishes of your loved one so you can assist them in completing their wishes and do so without remorse or doubt.