Planning Your Own Death?

Part of the assisted suicide "appeal" is being able to time your death when it is convenient for friends and family to gather, say good-bye, and dance while you die. At least that is what a few attention-seekers have done in order to have their deaths become media stories complete with reporters and photographers. Picture perfect death "on their own terms." Will there be "death planners" like wedding planners in the future? Ah, but we already have them.

These stories feature the same sorts of folks that seek assisted suicide – financially secure, educated, and people who have a strong need for control in their lives. That elite group pressing for legalized suicide doesn't really think about the rest put at risk by changing how doctors view patients. In the medical and legal systems, "futility" is a word being used with alarming frequency. Hospitals are pushing to deny care to those that doctors think don't have a "quality of life" worth treating regardless of what the patient wants. So much for autonomy.

Even without the direct denial of care in assisted suicide and futility laws, insurance companies (including Medicare), hospitals, and palliative care providers are simply convincing patients to refuse it through advance directives. Why? Because less care is less cost.

Studies show that most people would prefer to die at home rather than in the ICU. Other studies show much of the end-of-life expenses come from ICU, hospital, and emergency department care. Insurers use these facts to push for advance directives and MOSLT forms, to let patients "control" where they die. Every patient that refuses any amount of care in an advance directive saves Medicare and other insurers money.

They never ask what they really mean: Do you want to give up beneficial hospital or ICU care because there is a chance that you might die there? If the answer is "no" then be very cautious about signing any kind of advance directive beyond naming a healthcare proxy. This causes a very significant shift in medical attitude towards you in order to reduce costs. Instead of sending a disabled or elder person to the ICU where they *might* die (or might live!), they instead send them home where they will die without treatment in order to "respect" the patient's "wishes."

Conversations cloaked in compassion, or fear, can be methods of talking patients into foregoing possible beneficial treatment. "Would you rather die peacefully at home or in the hospital hooked up to a machine? If your goal is to die at home, then you need to be proactive and take control of your healthcare by signing a MOLST form." What remains unspoken is the medical team will not offer hospital ICU treatment even if it would be beneficial to you. When others in the same condition would be hospitalized, treated, and discharged home to have their lives go on, you would be sent home to die sooner.

Between the push for assisted suicide by the privileged who fear a loss of control, and the push for advance directives by insurance companies and hospitals who want to control costs, the vulnerable are the ones who will really suffer—those with advance age, illness, or disability—every time they need to be hospitalized.

Hold on to your right to treatment. The time to decide whether or not you want a particular treatment is when you are faced with that decision. Only in that moment can you really know if its benefits of treatment outweigh its burdens and whether or not you want to have it.