The Final Chapter:  
End-of-Life Decisions and Care  

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End of Life Decisions & Care:  

Two cases  

Mr. L:  
- Severe lung disease causing heart failure, treatment “tweaked”  
- Sudden deterioration, EMTs transport to hospital, to ICU on ventilator  
- Severe impairment of brain function, no improvement after 5 days life support  
- Family gathers, decides to discontinue life support  

Mr. S:  
- Severe heart failure, on maximal therapy  
- For worsening, morphine started for shortness of breath, enrolls in hospice  
- Condition stabilizes, “graduates” from hospice; same cycle repeats 6 mo. later  
- 15 mo. after initial hospice enrollment, develops influenza; reenrolled in hospice, dies peacefully 4 days later  

What determines your end-of-life experience?  
- Disease process  
- Chance events  
- Physical resilience  
- Patient values, preferences  
- Access to information  
- Quality of dialogue about medical situation, choices, values
(This is palliative care)

- **Patient values, preferences**
- **Access to information**
- **Quality of dialogue about medical situation, choices, values**

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**Disease process**

Murray S.A., Sheikh A; British Medical Journal 2008;336:958-959

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**Chance events**

Examples:
- influenza
- blood clots/pulmonary emboli when immobilized
- accidents

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**Resilience**

- general health
- immunity
- "spare resources"
- "will" (???)

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**Values, preferences**

- What do I want in life’s final chapter?
- What matters most?
- Where do I want to be?
- Who decides?
- What level of function is acceptable to me in exchange for “sticking around”?
- How much would I will willing to go through for what chance?, for chance of what?

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**Information**

- What are my options?
- What is the hoped-for result?
- What is the chance of that result?
- What will daily life be like?
- How do the pros and cons of each option stack up in terms of my values?
Quality of dialogue

Engage your physician (and other health care providers) in a dialogue to express your values and get information about how each option looks relative to what is important to you.

Examples:

- **Ms. E.**
  
  Ms. E has bladder cancer blocking her ureters; she opts to forego stents that would unblock the Ureters, so her death can be planned and her children gathered together for a final goodbye.

Examples:

- **Ms. B.**
  
  After repeated hospitalizations for pneumonia with COPD, Ms. B opts for treatment in the home only, “whatever can be done with no hospitalizations”.

Examples:

- **Mr. G.**
  
  Proceeds with “second choice” chemo to allow monthly travel, rather the “first choice” chemotherapy that would have required weekly treatment.

Examples:

- **Ms. S**
  
  Ms. S. stops “curative” chemotherapy due to debilitating headaches and high blood pressure, in favor of a fully active social life, and a (likely) shorter lifespan.

Examples:

- **Ms. J**
  
  Family considers her long road with dementia and opts to forego treatment for pneumonia and allow a natural death.
What about if I can’t make my own decisions?

- Appoint a durable power of attorney for health care:
  - who knows me best?
  - who will advocate for my values?
- How will my values be different if I am cognitively impaired?

Resources for end-of-life planning:
information, forms, instructions

Vermont Ethics Network
www.vtethicsnetwork.org

Resources for end-of-life planning:
on talking with loved ones

The Conversation Project
www.theconversationproject.org

Resources for end-of-life planning:
info on hospice & palliative care

The Madison Deane Initiative
www.vnacares.org/
end-of-life-care/madison-deane-initiative/
- Guide to Palliative Care Resources
- The Palliative Care Option: Living Fully in the Face of Life-threatening Illness

Discussion?!