



Facts about Conversations of a Lifetime

Conversations of a Lifetime is an initiative by Hospice of Cincinnati to transform end-of-life care in Greater Cincinnati and improve end-of-life experiences. The program will encourage earlier end-of-life planning conversations between physicians, patients and families. [Bethesda Inc.](#) and [Catholic Health Initiatives](#) (CHI) are funding the initiative with a \$2.3 million, three-year grant.

These are the primary components of the Conversations of a Lifetime project:

- Physicians will receive coaching, training and support to more effectively determine the end-of-life care preferences and quality-of-life goals of their seriously ill patients. This includes an enhanced electronic medical record that will include advance care planning forms, a more streamlined approach to documenting end-of-life conversations, and a “best practice alert” to trigger and guide physicians in the timing of the conversation.
- Physician office staff and hospital support staff will be trained as Advance Care Planning Facilitators (ACPFs) to continue the conversation and planning with patients and families.
- Plans also include outreach to hospitals, long-term care facilities and the community to provide support for “normalizing” end-of-life conversations. This includes an advertising campaign and a website (<http://www.conversationsofalifetime.org/>) that takes users through the steps of initiating these very challenging discussions.

Why It Matters: Research Indicates a Need for People to Discuss Their Wishes

Research initiated by the Robert Wood Johnson Foundation and the Dartmouth Institute for Health Policy and Clinical Practice found:

- More than 80 percent of people who die in the U.S. have a long, progressive illness such as cancer, heart failure or Alzheimer's disease. Of those, more than 80 percent say they want to avoid hospitalization and intensive care when they are dying.
- Among patients who indicated that they preferred to die at home, the majority (55 percent) actually died in the hospital.
- About one-fourth of all Medicare spending pays for the care of patients in their last year of life.
- One-third of lifetime health care spending occurs after age 75.
- Patients with chronic illness in their last two years of life account for about 32 percent of total Medicare spending, much of it going toward physician and hospital fees associated with repeated hospitalizations.
- While Medicare patients diagnosed with severe chronic illness were less likely to die in a hospital and more likely to receive hospice care, at the same time, they had many more visits from physicians, particularly medical specialists, and spent more days in intensive care units. Growth in intensive care and medical specialist capacity, the researchers say, can lead to increased aggressiveness of care.

In addition, the Pew Research Center conducts regular national surveys of U.S. adults about end-of-life issues. Below are some of the findings from its latest survey (*Views on End-of-Life Medical Treatments*, 2013).

Amount of thought given to end-of-life decisions:

- 37 percent say they have given a great deal of thought to their wishes for medical treatment at the end of their lives.
- 35 percent have given some thought to these wishes.
- *Fully a quarter (27 percent) have given no thought to this issue.*

Actual preparation for end-of-life issues:

- 62 percent have talked with someone about their own wishes (but “talked with someone” remains undefined).
- Only 35 percent have written down their wishes.

Personal views on end-of-life treatment:

- 57 percent say they would tell their doctors to stop treatment if they had a disease with no hope of improvement and were suffering a great deal of pain.
- 52 percent would ask their doctors to stop treatment if they had an incurable disease and were totally dependent on someone else for their care.
- 35 percent say they would tell their doctors to do everything possible to keep them alive, even in dire circumstances, such as having a disease with no hope of improvement and experiencing a great deal of pain.

What respondents saw as the measures of a good life (rated as extremely or very important):

- The ability to talk or communicate with others, 93 percent
- The ability to get “enjoyment out of life,” 90 percent
- The ability to feed yourself, 89 percent
- Living without severe pain, 87 percent
- Retaining long-term memory, and feeling worthwhile in what you do, tied at 83 percent
- Being able to dress yourself, 81 percent
- Retaining short-term memory for the events of the day, 71 percent

About Hospice of Cincinnati

Hospice of Cincinnati is Greater Cincinnati’s first hospice, and the only non-profit hospice serving the broad community. HOC offers experienced, compassionate end-of-life care that addresses the unique emotional, physical and spiritual needs of patients and families. Services also include Fernside—A Center for Grieving Children; adult grief programs through the Goldstein Family Grief Center; and holistic programs such as art, pet and music therapy. Hospice of Cincinnati is sponsored by Bethesda Inc. in collaboration with TriHealth and Mercy Health.

Helpful Links:

<http://www.conversationsofalifetime.org/>

<http://www.hospiceofcincinnati.com>

<http://www.pewforum.org/2013/11/21/views-on-end-of-life-medical-treatments/>

<http://www.dartmouthatlas.org/keyissues/issue.aspx?con=2944>

<http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3277>

<http://theconversationproject.org/>

<http://www.gundersenhealth.org/respecting-choices>