

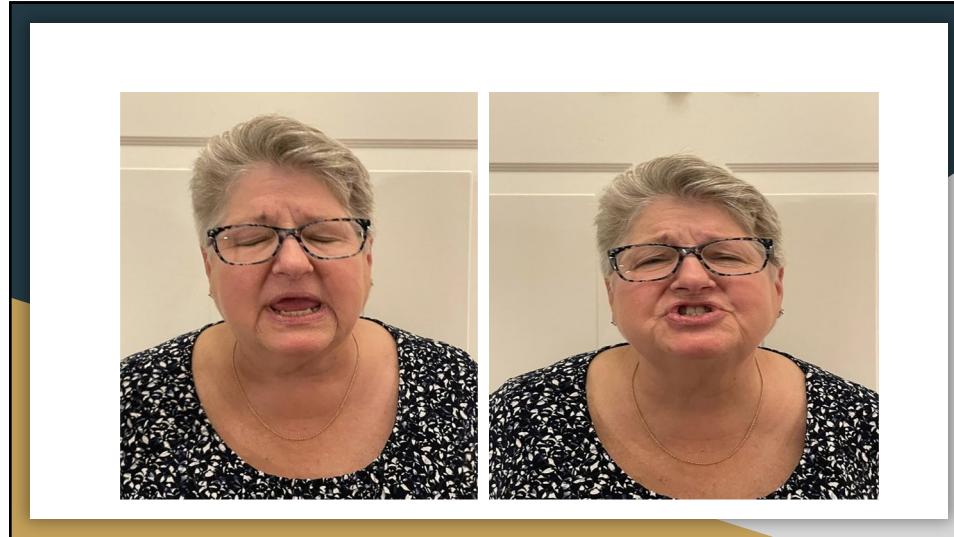
Everyone Dies:  
Preparing For A  
Good Death and  
How Social Workers  
Can Help Clients.

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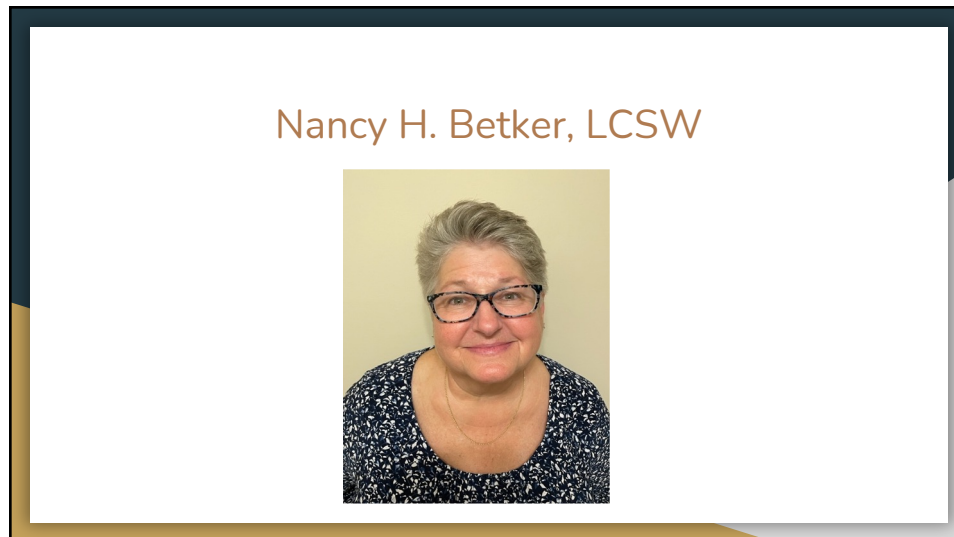
Nancy Halbin Betker, LCSW



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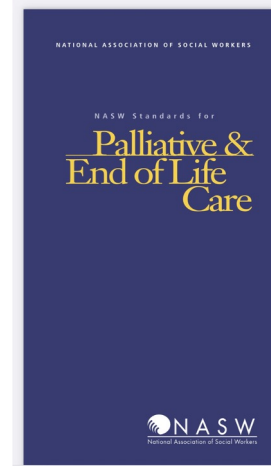


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## NASW Standards for Palliative & End of Life Care (2000)



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## NASW Standards for Palliative & End of Life Care (2000)

*"Introduction: All social workers, regardless of practice settings, will inevitably work with clients facing acute or long-term situations involving life-limiting illness, dying, death, grief, and bereavement. Using their expertise in working with populations from varying cultures, ages, socioeconomic status, and nontraditional families, social workers help families across the life span in coping with trauma, suicide, and death, and must be prepared to assess such needs and intervene appropriately."*

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NASW Standards for Palliative & End of Life Care (2000)

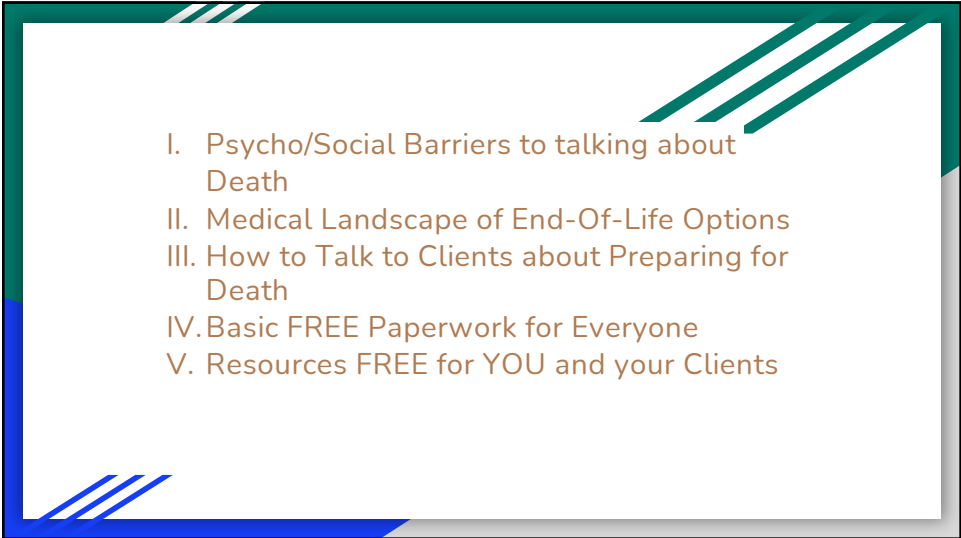
*Standard #5. Attitude/Self-Awareness: Social workers in palliative and end of life care shall demonstrate an attitude of compassion and sensitivity to clients, respecting clients' rights to self-determination and dignity. Social workers shall be aware of their own beliefs, values, and feelings and how their personal self may influence their practice.*

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NASW Standards for Palliative & End of Life Care (2000)

*Standard #6. Empowerment and Advocacy: The social worker shall advocate for the needs, decisions, and rights of clients in palliative and end of life care. The social worker shall engage in social and political action that seeks to ensure 4 that people have equal access to resources to meet their biopsychosocial needs in palliative and end of life care.*

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- I. Psycho/Social Barriers to talking about Death
  - II. Medical Landscape of End-Of-Life Options
  - III. How to Talk to Clients about Preparing for Death
  - IV. Basic FREE Paperwork for Everyone
  - V. Resources FREE for YOU and your Clients

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- I. Psycho/social barriers to talking about death

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What are YOUR thoughts on Death?  
Please take a moment to consider....

- What are your experiences with death?
- What messages have you incorporated from your family, culture, religion, experiences?
- Have you prepared for the inevitable?
- What would it be like for your loved ones if you were to die unexpectedly?

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Provisional number and rate of total deaths by demographic characteristic National Vital Statistics System, United States, 2022(CDC)

<u>AGE</u>	<u>NUMBER DEATH</u>	<u>AGE</u>	<u>NUMBER DEATH</u>
15-24	35,064	55-64	416,393
25-34	74,025	65-74	667,308
35-44	111,151	75-84	823,908
45-54	182,689	Over 85	932,528

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Who dies without a will:

**“Two-thirds** of U.S. adults have no will, and their dying intestate has serious implications for grieving family members and other potential heirs looking to settle the deceased's affairs”. Oct 29, 2022 CNBC

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We plan for other anticipated events in our lives:  
Births, Graduations, Weddings, Anniversaries,  
Bar/Bas Mitzvahs, Retirements, etc.

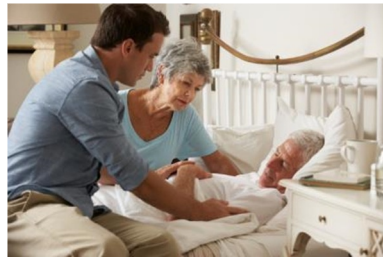
What did COVID teach us?  
Unexpected deaths  
Isolation  
Non-traditional ways to say goodbye or  
hold death ceremonies

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## II. Medical Landscape

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## Dying In America



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## Care Options at the End-Of-Life

- Pursuing curative treatment
- Refusing curative treatment
- Discontinuing curative treatment
- Palliative care
- Hospice
- Voluntarily Stopping Eating and Drinking (VSED)
- Continuous Deep Sedation
- Medical Aid-In-Dying

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## Definition of Palliative Care

Palliative care focuses on pain and symptom management for people living with serious illness as well as coordination of care and quality of life.

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## Definition of Hospice

Hospice provides comprehensive, holistic support for terminally ill people and those close to them including comfort care and the relief of physical, psychological and spiritual suffering.

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## Definition of Voluntary Stopping Eating and Drinking (VSED)

VSED is when a mentally capable individual decides to control their own dying by making a conscious decision to refuse foods and fluids of any kind, including artificial nutrition and/or hydration, in order to advance the time of their death.

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## Definition of Continuous Deep Sedation

Continuous palliative sedation therapy is the use of ongoing sedation for symptom management, considered during the end of life when a patient is close to death and continued until the patient's death.

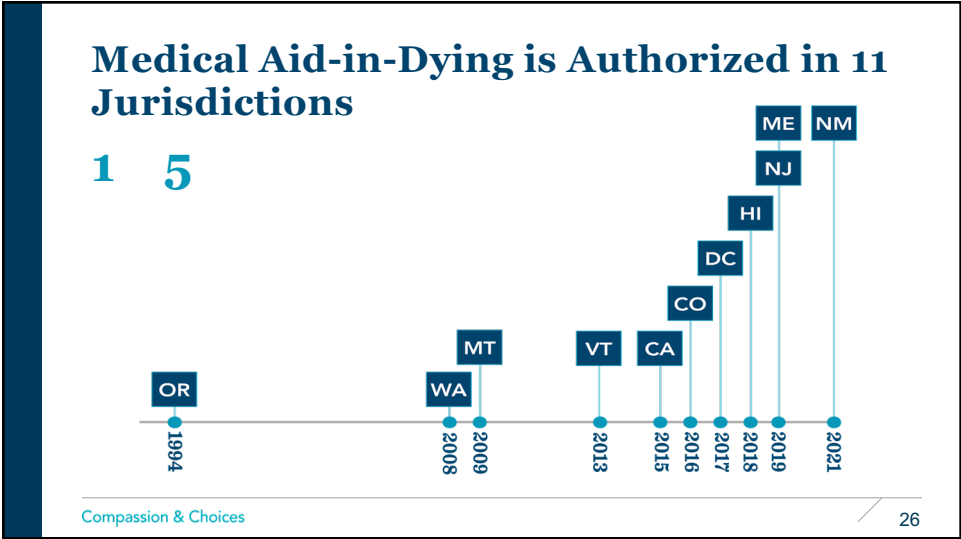
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## Definition of Medical Aid In Dying

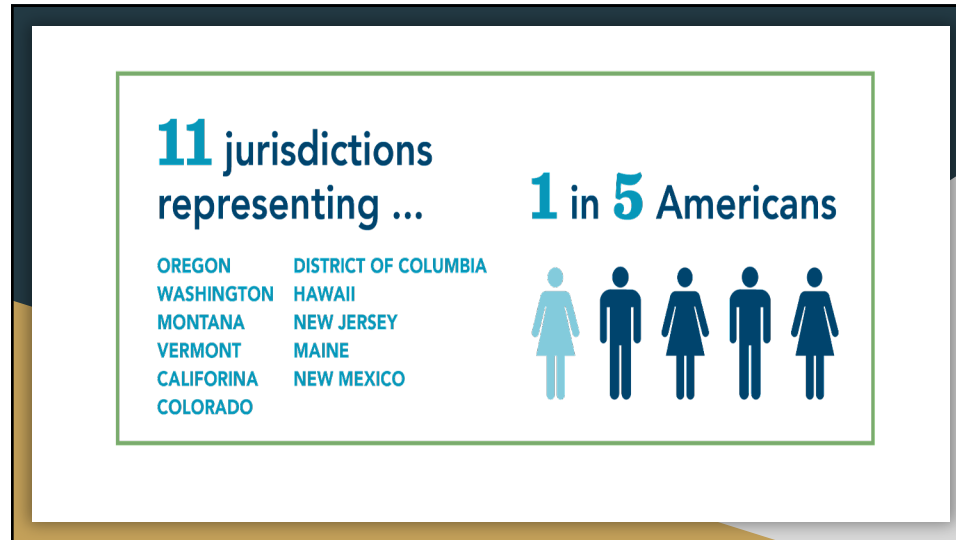
Medical aid in dying allows terminally ill adults to request and receive a prescription for medication that they may choose to take to bring about a peaceful death. To qualify, one must be mentally capable, able to self-ingest the medication and have a prognosis of six months or less to live.

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**Remember:** It is the illness that is ending the person's life.

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What populations would NOT be eligible for Medical Aid In Dying?

- If you are not eligible for hospice (6 months)
- If you cannot make cognitive choices
- If you cannot self-administer
  
- Parkinson's
- ALS
- Dementia

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## Engaging Diverse Communities



African American



Hispanic/Latino



Asian American, Native  
Hawaiian, Pacific Islander



Disability



LGBTQ+



Faith

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III. How to introduce the topic to  
all clients  
over 18 years of age

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- Ask what are their thoughts/fears about death
- Review familial and/or cultural/religious messages
- Planning can AVOID family conflict (especially with dysfunctional family systems)
- Empower underrepresented populations who often:
  - Have less in writing
  - Spend more money at the time of crisis
  - Access less medical support
  - Spend less time in hospice

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### How to talk to clients about EOL Options

- For all clients, discuss end-of-life options and refer to resources for planning and preparing paperwork. Having an Advance Directive is important for persons over the age of 18 years.
- When a client or their loved one is ill, review end-of-life options and share resources for better understanding of their options. Discuss how to have the conversation with loved ones and Healthcare Representative. Consider the Compassion & Choices End-of-Life Options Consulting Service.

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## How to Advocate for your clients

- Educate yourself and others about end-of-life options
- Know your resources for referring clients
- Empower them with education, options, resources
- Practice this with yourself and your family and loved ones
- Encourage completion of documentation of care wishes  
(Advance Directives including dementia planning)

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## Scenarios to consider:

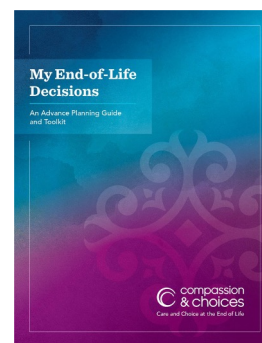
- a) A patient/client's religious identification does not, as a body, support the end-of-life option they are considering
- b) A family member does not agree with current end-of-life options the patient/client is choosing
- c) Your patient/client has a doctor who does not support their legal end-of-life options in Illinois
- d) Medical Aid In Dying is authorized in your state of practice and you work at a healthcare facility that does not support this option

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## IV. Basic Paperwork

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### Wishes Booklet



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## Components in the Planning Guide and Toolkit:

- Values Worksheet about your Priorities and Wishes
- Advance Directive Descriptions and Choosing Representation
- Decisions About Life-Sustaining Measures
- How to Talk to Loved Ones
- How to Talk to Your Medical Team, Filing Paperwork
- Dementia Provisions
- Other Documents

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## Advance Directives by state

- Advance directives include:
  - A living will (“what you want”)
  - A power of attorney (“who will speak for you”)
  - Practitioner Order for Life Sustaining Treatment (POLST)
  - Addendums that further clarify your wishes
- Everyone over 18 should have an advance directive.
- <https://www.compassionandchoices.org/our-issues/advance-care-planning>
  - Choose Your State



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## Why an Advance Directive is Critical

- You specify in advance what kind of medical care you would want if you become incapacitated
- You can identify another person (as well as alternative people should the first person be unavailable) as your health care representative to make healthcare decisions on your behalf when you are unable to do so.
- In most states, you do not need a lawyer or a notary. In Illinois, you need a witness to sign the form.
- Everyone over 18 should have an advance directive.
- Each State Department of Public Health offers FREE forms

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## Practitioner Order for Life-Sustaining Treatment (POLST)

- Particularly useful for:
  - Frail elderly
  - Patients with progressive diseases
  - Anyone whose death within the next year would not be a surprise

The image shows a sample POLST form. It is a pink document with black text. The title at the top is 'Physician Order for Life-Sustaining Treatment (POLST)'. Below the title, there are sections for 'Patient Information', 'Medical History', and 'Physician's Signature'. The 'Medical History' section includes checkboxes for 'Do Not Resuscitate' and 'Do Not Intubate'. The 'Physician's Signature' section has a line for the signature and a line for the date. The form is designed to be filled out by a physician to document a patient's wishes regarding life-sustaining treatment.

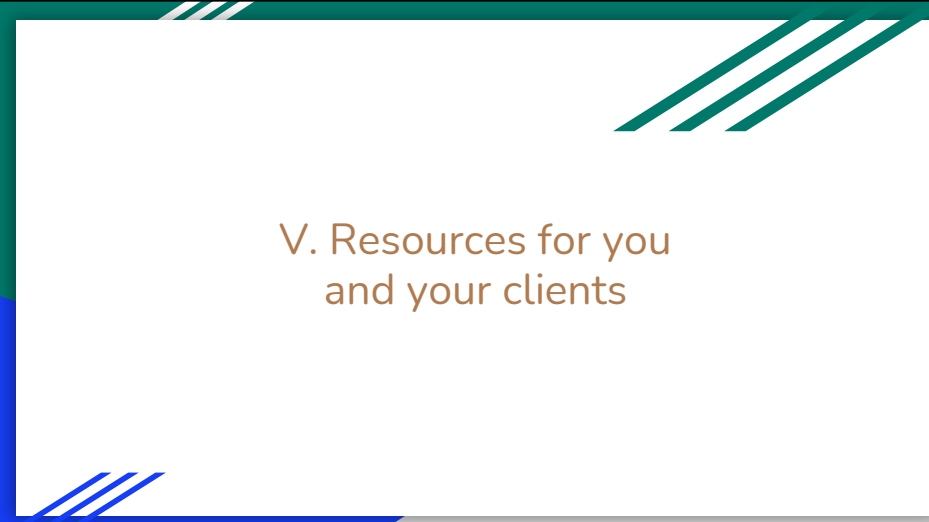
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**Freewill.com**

- The writer can keep it as simple as they want.
- The document can be edited at any time.
- The document only requires 2 witnesses, no lawyer and no notary
- Sections include:
  - Declarations
  - Executor Provisions
  - Pet Care Directives
  - Gifts at Death (items)
  - Gifts of Residue (finances)
- There are opportunities for:
  - Funeral Wishes
  - Personal Statement

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V. Resources for you  
and your clients

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<https://www.compassionandchoices.org>

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## State Forms for Advance Directives



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## Ways to Take Action



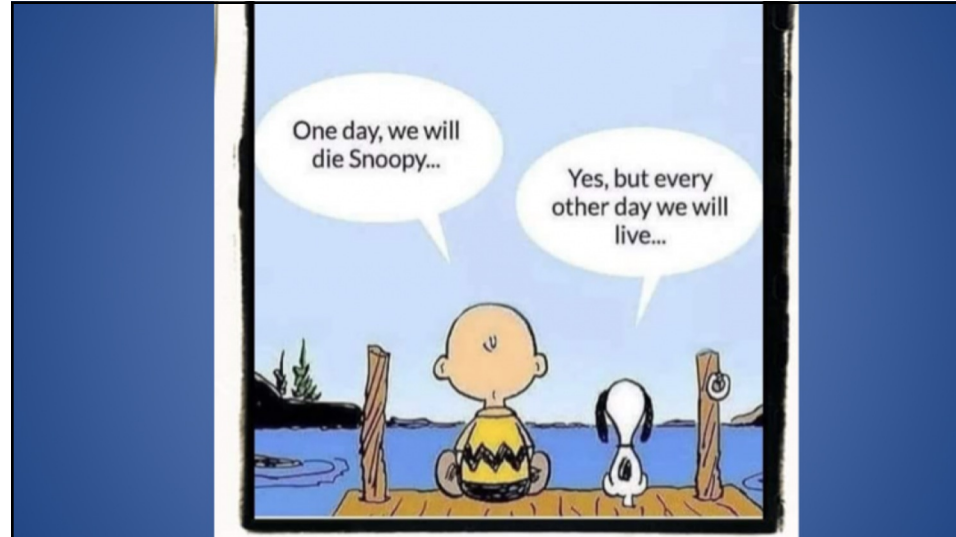
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Consider  
Donating  
Organs at:  
[LifeGoesOn.org](https://LifeGoesOn.org)

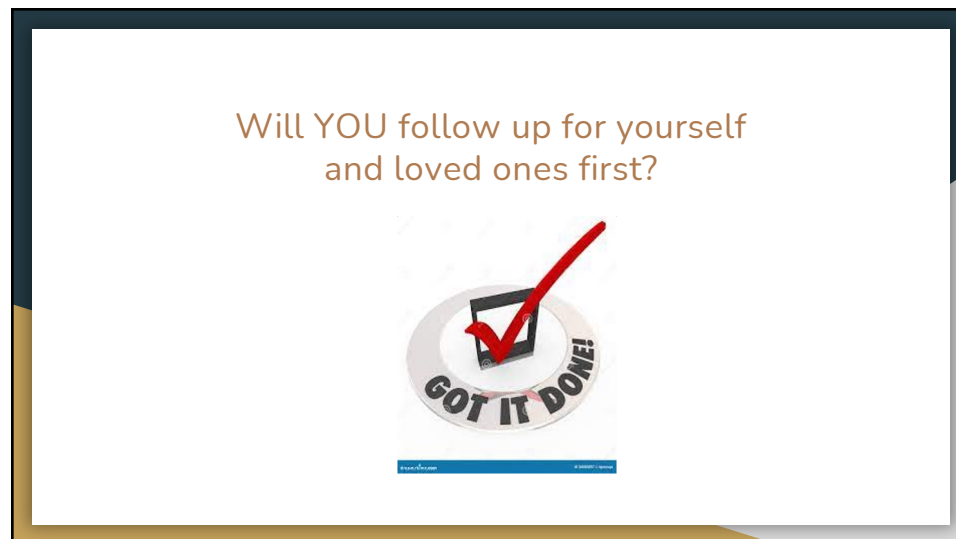


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