



TALKING TO YOUR FAMILY ABOUT DYING

If you want to ensure that your own death is peaceful, you must talk to your family, which includes your closest and most trusted family members, and perhaps a close friend or counselor. Even with the best of care, you probably won't be able to make all your medical decisions at the end, and you will want people you trust to make sure your wishes are followed.

Long before you need their help, you should begin talking to your family, preferably before you become terminally ill. They must know your wishes in advance for end-of-life care. The best way of doing this is to discuss your advance directives with them. Children don't like to talk about your dying, but it's not threatening to say: "I have no intention of dying soon, but it's important for you to understand my wishes – just in case something unexpected should happen."

By going through your directives carefully, your family will know how you want to die. Talk about your wishes for treatment should you become terminally ill or incapable of making decisions or permanently unconscious. Do this every two or three years, so your family fully understands your directives and has opportunities to ask questions. Talking to your loved ones about dying also helps you know who will support you at the end.

If you become fatally ill, be sure your primary family caregiver is very familiar with your advance directives, including a Physician Orders for Life Sustaining Treatment form or "POLST," if your state has one. (Note: Washington does offer POLST.) Tell your family your preference about dying in a nursing home, a hospital, or at home. Talk about hospice care. If you want no artificial life-support, such as a ventilator or a feeding tube or antibiotics for pneumonia, clearly say so. If your family fully understands your wishes well in advance, they will almost certainly follow them.

Talk about palliative care. If you want maximal pain control, tell your loved ones you will want enough morphine to eliminate pain – even if it results in drowsiness or unconsciousness or, possibly, premature death. Tell them, if you wish, that if morphine cannot control your pain, you want continuous sedation to the end. These are not easy directives for caregivers to carry out, so they must have time to wrestle with them in advance, not when there is an immediate need.

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Toward the end, when a reasonable quality of life is no longer feasible and you are ready to die, you must let your family know this. They may not understand your condition or share your decision to let go. They do not want to lose you, and some of them may feel that the best way to show their love for you is to “help you” by keeping you alive or convincing you to continue living. You must share with them your reasons and your determination to stop all attempts to cure the illness. Assure them that they and the doctors have done everything possible to reverse your course, and now it’s time to work on a different level. Remember this: They are grieving for you, and grieving takes time. Everyone is different but, on average, it takes at least two months for a person to come to terms with the impending loss of a loved one.

By now, it should be clear that you must plan and talk in advance. Near the end there’s one more bit of talking you should do. Tell your loved ones everything you want them to remember after you leave them. Ask them to forgive your past imperfections or wrongs in dealing with them, and tell them you forgive theirs. Connecting with your family at this time is the best way of showing your love for them, and providing the emotional peace your family will need after you leave.

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