

## Talk about the end

From the Editors in the [August 5, 2015](#) issue



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Six years after the idea was scuttled by Sarah Palin’s talk of “death panels,” Medicare announced that it plans to reimburse doctors for conversations with patients about care at the end of life. Perhaps this time around, Americans are ready to acknowledge the wisdom of having these conversations.

As it is, 80 percent of Americans say they want to discuss end-of-life treatment with their doctors, but only 7 percent of seriously ill patients ever do. Medicare’s proposal is a modest move toward encouraging a crucial discussion, serving people’s wishes, and improving the quality of care.

Though many people say they would prefer to avoid fruitless medical procedures and want to die at home rather than in a hospital attached to tubes and machines, intervention remains the health system’s default mode. Medicare is often more likely to pay for open-heart surgery on a dying patient than for hospice care. Medicare spends 28 percent of its budget on patients’ last six months of life, and it’s been estimated that up to 30 percent of these expenses have no meaningful impact—except, in many cases, to prolong and increase suffering.

Several years ago, California doctor Ken Murray noticed that his fellow doctors tended to die differently from most people: swiftly, peacefully, and at home. Those who know the most about medicine know the most about its limits, and they are most likely to refuse its treatments. Doctors have seen up close what cutting-edge

technology does to people at the end of life, and they want no part of it.

For those of us without firsthand knowledge of medicine, the next best thing is a relationship with a doctor and honest conversations about last things and final wishes. Doctors need to know our hopes and fears. They also need to know that, when it comes to interventions at the end of life, we want to know what they know.

“Death with dignity” is a slogan everyone embraces. The phrase is most often associated these days with the campaign for legalizing physician-assisted suicide—a burgeoning movement, with bills under consideration in California and 19 other states. The popularity of these bills surely reflects people’s fears of dying in unbearable suffering, at the hands of a relentless, uncaring medical system.

Improved medical care—featuring more conversations with doctors, fewer futile interventions, more-effective palliative care—would alleviate many of those fears. The possibility of such humane care, more than any provision for assisted suicide, will determine whether the vast majority of people are able to die with dignity.