

The Frontier of Healthcare (It's not what you may think.)

Ken Hekman, MBA



*Life expectancy
has grown*

The Twentieth Century it has been transformative for healthcare. In the last 100 years, we've seen life expectancy soar, thanks to advances in public health, medicine, pharmaceuticals and access to care. We're living about thirty years more now, on average, and the projections continue to grow.

Will the next advances be more of the same? The rise of genomics and digitalization will undoubtedly guide us further into the mysteries of the human body, pushing mortality out a little more with each discovery, but mortality still wins in the end. We all still must die. Immortality is not in the cards.

Therein lies a clue about the new frontier in healthcare.

*What have we
lost?*

We've been so successful extending life that we've lost the art of how to prepare for a good end of life. Our default mode is to apply resources to combat diseases with little regard for the impact on the quality of life for patients and their families. A procedure-driven fee-for-service financial engine has supported that default mode as well. The healthcare delivery system has had a lot to gain by going with the aggressive treatment flow. Patients, however, don't always share that opinion.

Patient voices

The new frontier in healthcare is to give patients a voice in end-of-life decisions, and to amplify that voice well in advance of a crisis. Patients and their families need to have a solid plan for the moment when hard decisions will need to be made, even if the patient is in a coma. Advance directives can be game-changers.

Terry Berthelot, a senior attorney with the Center for Medicare Advocacy and member of the National Council of Hospice and Palliative Care Professionals, is an example of the skeptics about the over-use of medical services in end-of-life care. Berthelot says advance directives could be the holy grail of America's end-of-life crisis. Advance directives are instructions laid out by patients about end-of-life care. They outline who should make decisions on their behalf, and how far to go in extending their life.

*Financial and
social
implications*

There's a lot at stake in these decisions. As with most things in life, there are financial implications along with moral and legal considerations. The Center for Medicare and Medicaid Services (CMS) estimates that about 25% of the Medicare budget is spent on the 5% of patients who die during a given year. That is about \$125 billion (in 2014) spent on what is often a not-so-peaceful death experience. Mortality is still inevitable; peacefulness is not. Picture patients being tossed about from hospital to nursing home to ICU to who-knows-where, ignoring the quality of life of their remaining days. Research generally shows that 70% of us would prefer to die at home, surrounded by our loved ones. In reality, 70% of us typically die in an institution, surrounded by machines and tubes that distract and dismay our loved ones.

The heroic and humanitarian expansion of medical miracles has somehow dehumanized the sacred experience of dying. It costs us much more than a sizeable portion of the Medicare budget. We can lose sight of what's most important – precious time with our loved ones.

Transparency about these issues can open up old wounds. We have a lot of unfinished conversations in this country about moral and legal aspects of end-of-life care. We're not going to resolve them in the churches and temples or the courts, but we can bypass all that with personal expressions of our deepest values, recorded in advance directives and carried out by chosen representatives who know us intimately. That's how we can preserve our quality of life through to the end of life, and – incidentally – billions of dollars.

It takes courage

Facing that frontier will take courage. We can ask Congress to pay physicians to have the important conversations with patients and their families before it is too late. We can also educate everyone about how to face mortality rationally and mindfully. We can encourage each other in the face of a serious illness to grieve proactively in anticipation of the inevitable, while holding on to the quality of life for the days that remain.

In short, we can re-learn how to die well.

Ken Hekman is the Executive Director of Trillium Institute.
trilliuminstitute.org