

The Conversation Talking Points  
By  
Deidre Edwards  
Toolkit for Caregivers  
Love Lives Here - Toolkit for Caregiver's Survival



Through the course of caregiving, you could be required to make some pretty tough decisions, not only about your patient's care; but, quite possibly, various other components as they near the final stages of their lives. There's no tougher decision you'll have to make than an end-of-life decision - especially when it is concerning someone else. Not knowing your loved ones desires can make an uncomfortable guessing game of their final days - decisions you'll make for someone else's wants and needs.

In all probability, your patient has already thought everything through; especially if he/she has lost a spouse, child, or family member they were responsible for. It's okay - in fact, it's important - you have that conversation with them concerning what they would like to happen.

But, how do you approach something like that without creating an uncomfortable atmosphere for either of you? The answer might surprise you!

Here are some things you need to know and guidelines to help.



**Living Will vs Do Not Resuscitate (DNR)**

During the course of my nursing career, patients have privately told me they did not want their life extended by artificial means - which includes CPR and, subsequently, being put on a ventilator. I told them, they had two choices - one was a Living Will, which could be filed at the hospital, and the other was a Do Not Resuscitate, (DNR), order, which their doctor would have to do. Both are important documents to have in such cases; both serving somewhat of a different purpose, although related to the patient's end care.

The Living Will, which executes the protocol should a patient become unable to communicate, is more used in a hospital setting, not in a private setting. A DNR, presented the correct way, can be used successfully with either. In other words, you can squelch any plans for initiating emergency patient care, such as CPR, with a DNR, but not a Living Will.

### **Implied Consent**

What happens if your patient becomes unconscious for any reason and an ambulance is called? By being unconscious, or even actively in the dying stage, it is assumed (or implied) the patient would want any and all modalities exercised to try and extend their life.

### **This is important ...**

Under implied consent, ambulance or emergency personnel are obligated to act - to do whatever is within their medical power to keep that patient alive, even if a Living Will is shown that says otherwise.

There are changes to patient care with a DNR. If a patient is in full cardiac arrest, no heartbeat or breathing, a DNR can prevent medical personal from assisting that patient to try and extend their life - with few exceptions.

The exceptions to a DNR, normally, are any family member on scene, asking for aid to be rendered to the patient, in hopes of extending their life. This is the type of event that might not happen if that family member had, had a conversation with the patient to know what their desires were. An emotional response can always occur; but, more than likely, there is less chance of that if the patient states their desires beforehand.

It should be noted, a Living Will is normally generated in hospital setting. A DNR comes from the patient's doctor directly. Both must be notarized.

There is one rule with the DNR that is very important! It absolutely must be produced with the patient immediately to medical personnel. You cannot say you have it, not produce it, and expect them to honor it. It must be with that patient, or visually near them, at all times. If you cannot produce a DNR, the patient will then fall under implied consent and, more than likely, they will experience a full cardiac arrest protocol.

## **Legal and Medical Power of Attorney**

Patients who desire to make end-of-life choices for themselves can do so through their doctor's office and hospital staff; but who can carry out these desires if they are unable to? Who will oversee the legal side of things or make end-of-life decisions for them should they be unable to communicate?

That's where the power of attorney comes in. There are two types of power of attorney a caregiver needs to consider, should they be called upon. When you have legal power of attorney, you can make decisions overall for the patient, especially with household management, paying utilities, bank management, etc. When it comes to patient care, however, you need a medical power of attorney. You cannot make decisions for your patient unless you are legally authorized to do so.

You should seek help from an attorney to obtain either, a legal or medical power of attorney - which is also an important decision generally made by the patient prior for the need for it. Seek legal advice!



## **Last Will and Testament**

A Last Will and Testament is something your patient also needs an attorney for - even if it's just to make sure the finished document can stand as a legal and executable manuscript. Whether someone has much to give, such as an endowment or funds to start a foundation; or they want to share what remains with loved ones, a will is one of the most important documents you can have.

If your patient dies without a legal will, the state in which the patient lived can take over the distribution of bank accounts, securities, real estate, and any other assets they own at the time of death, which could take much longer than normal. It's better to be prepared!



## **Bank Accounts**

If you, or any living party, shares a bank account with the deceased, unless that bank account has a right of survivorship, or is able to be immediately transferred directly to the survivor, the account could be frozen until after probate or the estate is settled, which could be a year or more.

Some banks, when doing the initial set up of a shared account, already have survivorship in place, but it is very important to make sure. The next time you are at the bank, ask about the accounts in question. It could save a lot of problems later on!



## **Titles to houses, cars, boats, etc.**

The same thing is true of assets to your home or car, if any title is in both names, you should make sure that it has the right of survivorship or it will have to go through probate - the time consumer!

This is certainly not the biggest problem you can have, but one that can also easily be avoided with a phone call or two. One less thing to put on that “to do” list always makes things go a little smoother in the long run. No waiting it out for an official “okay,” once it’s done.



## **Credit Cards**

Credit Cards are handled a little differently than other items. When you share a credit card with your spouse or family member, once the other party dies, the credit card is closed. You will need to go through a new application to get an account with the creditor.

It would be best, when you have time and are not going through an adjustment period, to apply for a new card by yourself. This will help build your credit and will be another thing you can keep off that “to do” list later.



## **Insurance, utilities, mortgage**

It goes without saying, the survivor must know which accounts to pay, how they are billed (paper or online), and how do they get paid. There are many people that do not handle this part of the household finances. It's best to know ahead of time whether it is an online account, or if it must be hand carried to the organization. Some even elect for automatic transfer from a bank account, another reason to properly have the account set up to extend past the death of one of it's shared members.

- ✧ There are several additional things you should know when it comes to household management. Do you know how to turn off the water? Gas? Do you know how to contact the person who mows the lawn?
- ✧ Do you know your mailman? They might be one of the first ones to notice something is amiss if you don't pick up your mail frequently.
- ✧ Write the steps down on how to operate the furnace ... the generator ... even the home's electrical box ... should there be a storm or other emergency. It's things like these that can help lessen stress later on.



## **Car tags, taxes, and inspection renewal**

The same goes for a vehicle. The license tags on a car must be renewed once a year, as well as an inspection done. There could also be county taxes that must be paid on the vehicle in order to get the tags renewed. A phone call or trip to the DMV can help solve this mystery and aid the survivor in making sure there are no issues with driving the car afterwards.



## **IRS and state taxes**

Speaking of taxes, knowing how to access past IRS and state tax reports is imperative, especially during probate. Know where these papers or files are to make it easier on yourself, especially when preparing future taxes. Having to deal

with the IRS or state tax department is much harder when your mind is not clear. Don't be afraid to ask!!



### **Organ Donor**

Are you or your loved one an organ donor? It should say so on your driver's license or a donor's card you carry in your wallet. If you are, tell someone! If something happens to you, no one may see any evidence of your intent. Make it easier on your family or loved ones. They may have some reluctance, so please make sure they know you want to be - in advance!



### **Funeral Plans**

What a loving thing to do. Plan and pay for your funeral so your loved ones don't have to. Do you want to be cremated? Perhaps you have a cemetery plot you bought long ago. Great! How do you want it utilized? Even with a space in a mausoleum, you can be either buried in it or your remains cremated and placed there.

Whatever your choice, you can plan the entire service if you want to, saving emotionally-laden family members undo stress. Many even write their own obituary, especially when it comes to names and history. There are so many plans that must be made in order to carry out a funeral or memorial for a loved one. Why not make it a little easier on those left behind?



As I describe in the book, *Love Lives Here -Toolkit for Caregiver's Survival*, planning any of these things in advance is not going to hasten death, cause an accident, or initiate a life-ending disease. This list is meant to help survivors cope a little easier and to promote a more focused piece-of-mind. Anytime we can lesson the burden at a time of crisis, it is important that we try to do so.





Once discussed, the topics I've mentioned here should be revisited and updated with all involved as life situations change.

Perhaps you can add a few of your own!

In health -

Deidre Edwards

Email contact: [deidre@toolkitsforhealth.com](mailto:deidre@toolkitsforhealth.com)

Websites:

Deidreedwards.com

Foodtalk4you.com