Let's Talk About Death, Dying & Living

Too often, people don't die in the setting of their choice; don't have advance directives in place; or medical orders when appropriate. Many fear dying in pain and without dignity or control. We can - and must, do better.

Medicare plans to do better by reimbursing physicians for having conversations with patients about the care they receive in their final days when they may lose the ability to speak for themselves. The proposed rule is expected to take effect in January.

The proposal follows the 2014 Institute of Medicine report Dying in America recommendation to "provide financial incentives for improved shared decision making and advance care planning that reduces the utilization of unnecessary medical services and those not consistent with a patient's goals for care."

Patients nearing the end of their lives often worry about having their wishes honored regarding the type of medical treatment they want to receive or avoid. These patients fear that if they can't speak for themselves, well-meaning family members or health care professionals may authorize extraordinary medical interventions that may slightly prolong life, but not its quality. That's why it's important for physicians to initiate conversations with their patients who are seriously ill or frail, to discuss and appropriately document goals for care and individual preferences. It is equally important to make sure family and loved ones are aware of the patient's wishes.

Medicare's intention to reimburse physicians for initiating end-of-life discussions will result in even more people avoiding unwanted medical interventions.

Members of the public are encouraged to submit comments on the proposed rule by September 8. Submit electronically through the federal register or send written comments by regular mail to Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1631-P, P.O. Box 8013, Baltimore, MD 21244-8013.

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