

ADVANCE DIRECTIVES REDUCE MEDICAL COSTS

Personnel choose term life insurance plans offered through their employer because they want to care for their loved ones “just in case.” Unfortunately, a tragic accident or illness can happen at any age. Without an advanced directive or discussion with family and loved ones about one’s wants, physicians and loved ones both face a dilemma. The physician’s responsibility is to meet patient wishes. How can families advise the physician if the patient has not spoken to them about what they would want?

Advances in US medical practice have created hope where there used to be no hope. Families can keep a loved one vegetatively alive, sometimes for years, hoping a scientific breakthrough will arrive in time.

I have been involved in medical ethics for several years, currently as a member of the Clinical Ethics Committee at a local community hospital. I also belong to the Midwest Ethics Committee Network (sponsored by the Medical College of Wisconsin), that sends out two or three queries a week and links its members to articles and training opportunities. Before that, I was a member of the ethics committee for a national health care organization.

In this volunteer activity, I have been called upon to assist physicians and families grappling with difficult decisions for a loved one who is mentally incapacitated. Patients can remain in intensive care for weeks or months while families seek to agree on what their loved one would want.

Everyone of legal age should complete and maintain an updated advance directive. Making one’s wishes known when of sound mind assures that one’s wishes are known and respected. Advance directives spare family and friends considerable grief by confirming to them and their attending physician what they would want.

Because end-of-life care consumes an inordinate portion of health care costs, giving the patient what the patient wants is very cost effective. We know, for example, that 60% of Medicare expenses are incurred during the last six months of life. Much of that cost is a result of extended hospital stays and last-ditch efforts to save the patient’s life or return them to some semblance of recovery. By making one’s wishes known in advance, individuals can spare themselves the pain of often futile, medical procedures, relieve their families of guilt, and reduce financial burdens for their family, employer, and ultimately the tax payer.

Only a very small percentage of Americans complete advanced directives. That fact creates a number of tragic outcomes.

1. Billions are spent on end-of-life medical procedures that patients might never have chosen for themselves. Rather than die in a hospital, most people prefer dying in the familiarity of their home, supported by loved ones and/or hospice care.
2. Thousands of patients are placed in nursing homes each year to be kept alive in a vegetative state. Not only are they not getting what they likely would have wanted, but their care adds considerably to the Medicaid burden of every State, forcing cuts in areas like care for children who suffer, even die, as a result of unattended needs.
3. Since hospitals and physicians are not compensated their full cost through Medicare and Medicaid, they must shift costs to insured patients in order to stay in business. That is a major contributor to the exponential increases in employee health plans.
4. Higher health insurance premiums force employers to reduce coverage, increase employee copays, or eliminate coverage altogether.
5. When families struggle to cover unpaid medical bills, their physical and emotional exhaustion makes them less productive at work.

6. Americans pay twice as much per capita for health care than other developed countries, yet the overall health status and life expectancy of Americans is declining. Millions of Americans have no health insurance at all.

Using advance directives averts many of the tragedies listed above. The good news is that employers can implement this benefit at very nominal cost. Many of the resources they need are readily available.

1. Googling “Advance Directives” is a good place to start.
2. You can ask your attorney to draft a document. You need attorney input to assure you meet legal requirements for your State. You also want an instrument that makes it safe for people to express their feelings about a subject they prefer not to think about at all.
3. There are many excellent instruments that meet the sensitivity test. One of these instruments is Five Wishes, created by Aging with Dignity. It’s beautifully written, though length can be a concern. I wrote My Life Preferences, an instrument you can read about under the Licenses section of Bosshandbooks. But there are others.

Do your research. Choose what works for you and your company. Remember: Any instrument is useless until completed and put into the right hands: our primary care physician and the loved ones we choose to represent us.

Make sure the instrument you choose offers solid guidance about an individual’s wishes yet is sufficiently flexible to address the medical condition at hand and almost daily advances in medical technology.

Advanced care directives used by employees and immediate family offer several advantages:

1. They avoid the cost of often unnecessary or unwanted end-of-life care.
2. They give your personnel and family control over end-of-life health care decisions.
3. They spare employees the emotional strain of guessing what a loved one might want.
4. By giving your personnel an instrument that is regularly reviewed by an attorney familiar with laws within your State, you assure your personnel that their wishes will be honored.
5. Your personnel can more quickly return to full productivity following a family death. Fully meeting a loved one’s wishes provides closure, relief, and satisfaction.

Offering advance directives is a no-cost benefit for most companies. One less day spent in intensive care will more than offset the cost. Reductions in unwanted medical procedures and hospital stays will provide substantial cost savings.

Putting your personnel in charge of their own end-of-life care decisions pays big dividends.

John Macek is Publisher of Bosshandbooks (www.bosshandbooks.com). His career in management includes 17 years as a CEO.