



Honoring Choices: Difficult Decisions

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My mom lost her battle with cancer at the age of 36. It was the 1970's and her original round of chemotherapy had been hard on her. When the cancer metastasized to her lungs she declined anymore chemo; she argued that for every day it would keep her alive, she'd spend that day being sick. It was about the quality of the days she had left. She was able to go to a Tupperware party the day before she died, and she ultimately died peacefully in her own bed.

Fast-forward sixteen years: I'm a resident rotating through the ICU. I have a patient with terminal cancer whose long, lost daughter has come back into her life and wasn't ready to let her mom go. The daughter had transferred her mom to our hospital for a second opinion and declared her a full code. We didn't have anything more to offer and we almost lost her a few times but the daughter was always there insisting that we give her pressors to bring her blood pressure up. My patient was ready to end her fight and knew she was never going to be able to leave the hospital on her own, but she needed her daughter to be ready to say goodbye.

My experience was not unique. Most of us in healthcare have experienced similar situations, and some extreme cases have found their way into the local and national media. No one really wants to think about the end of his or her life. We all hope we die peacefully in our sleep and without any pain. Yet none of us know what tomorrow will bring. How many of us have thought about what we want in the event of unwanted illness or significant bodily harm, let alone talk about it with our families? I've often wondered how things would have been different for my patient if she'd had better communication and quality time with her daughter before her cancer had progressed.

Honoring Choices is all about communication among family members before a life-threatening situation arises. Creating opportunities for people to share their wishes obviates the need for loved ones to make difficult decisions during times that can already be filled with emotional turmoil and helps minimize guilt for spouses and children. It isn't about "death panels" and withholding life-saving treatments. It's about encouraging people to discuss various medical scenarios and the possible treatment options. The choices can be different depending on the situation. One person may want every life-saving measure at the age of 55 when going in for a routine orthopedic procedure but choose minimal intervention in the event of a traumatic brain injury or after a long battle with a terminal illness.

I was just a kid when my mom made her decision not to do anymore chemo, but her choice always made sense to me. We had a summer with her and she had some closure with family. She didn't die in a hospital or a nursing home, and aside from needing oxygen, she was able to take care of herself. I have always been grateful that she didn't suffer a prolonged and drawn out illness. Her ability to express her desires ultimately made a difficult time a little easier for my family. We may not be able to control every aspect of our life, but knowing which choices have been made in advance of our death may make dying easier for ourselves and our loved ones.

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