

People with few assets less likely to plan for end-of-life health care

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Socioeconomic status is a big predictor of how likely people are to have living wills, a power of attorney for health care decisions or to participate in informal discussions about treatment preferences with loved ones. People with few assets were half as likely as those of more means to plan for these end-of-life concerns, a new study in the *Journal of Health and Social Behavior* finds.

“One of the most enduring findings in health research is that people with less education, income, assets, and lower status jobs fare worse on every possible health outcome and health behavior,” explained researcher Deborah Carr, Ph.D., a professor in the Department of Sociology and Institute for Health, [Health Care](#) Policy, and Aging Research at Rutgers University. Carr was interested to see how [socioeconomic status](#) affected

people's end-of-life planning, which can help insure that medical and financial preferences are followed during a time that's often harrowing for patients and family members.

In a recent Wisconsin Longitudinal Study survey (fielded since 1957), Carr added questions about three health-related components of end-of-life planning (a living will, durable power of attorney for health care, and informal discussions about preferences with loved ones) and a financial component (a financial will). Participants were also asked about other factors that might affect planning, whether they were anxious thinking about death, whether decisions about health should be left to doctors, whether a spouse or close relative had died recently, and if so, whether that person's death was problematic or painful.

One of the most powerful predictors of whether participants had engaged in health and financial end-of-life planning was socioeconomic status, Carr says. The most likely reason, she explains, is that financial [assets](#) often drive people into their lawyers' offices to write their wills, even when they aren't thinking of health care concerns. Once there, attorneys often suggest other documents, such as a living will.

"A big portion of the disparity here is determined by whether people have a will," she says. "Poor people often don't have a home and have nothing else of financial value to protect, so they don't enter the legal process of having to plan more generally."

However, according to Wendy Edwards, M.D., director of palliative medicine at Lenox Hill Hospital in New York City, a lawyer's office may not be the best place for patients to make decisions that have powerful quality of life and health consequences. [Living wills](#) prepared by attorneys are often boilerplate documents that use sometimes confusing phrases such as "terminal illness," which may not mean the same thing to doctors and their patients. Edwards cautions, "These are

very complicated issues that people should be discussing with their doctors.”

More information: D. Carr. (2012). The Social Stratification of Older Adults’ Preparations for End-of-Life Health Care, *Journal of Health and Social Behavior*, In Press.

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