

Advance directives manage end of life care issues and reduce end of life medical costs

May 8 2013

A new article available online in the *American Journal of Public Health* by two Johns Hopkins Bloomberg School of Public Health faculty makes a compelling case that end-of-life care issues need to become an integral part of the public health agenda. Dan Morhaim, MD, and Keshia Pollack, PhD, point out that the low rate of completion of advance directives in the minority population can be identified as another health care disparity.

Advance directive documents are free, legally binding and readily available, yet too few Americans have completed one. Although end-of-life discussions can be difficult, Morhaim and Pollack recommend that advance directive conversations become routine between doctors, nurses, and other key health providers and their patients, and be viewed as another aspect of preventive care.

"The reality is the subject of advance directives is not yet a standard part of most medical examinations," said Morhaim, lead author of the article. "It's important this discussion becomes a routine part of our care giving, because the more normal the topic is, the less scary it will become. As the [baby boomer generation](#) continues to age and is impacted by [chronic diseases](#), and as medical technology advances, it is inevitable that [health care costs](#) will continue to escalate. Increasing awareness and the completion rate of advance directives can have a positive impact on the economic, moral and ethical issues related to end-of-life care."

End-of-life care consumes an estimated 30 percent of [Medicare](#)

[expenditures](#), and the impact on Medicaid and commercial insurance costs is substantial as well. Increasing the rate of completion of advance directives could conceivably lower these expenses and would do so by respecting patients' values and wishes.

Typically advance directives address several areas regarding end-of-life care when a person becomes unable to make medical decisions for him or herself, including defining the type and amount of care he or she might receive under various medical circumstances, designating a health care agent to make [medical decisions](#) when the individual is no longer able to do so, and other end-of-life care issues including organ donation as well as funeral and burial.

Keshia Pollack, PhD, associate professor, Health Policy and Management, and study co-author, said "Increasing the rate of completion of advance directives in the United States, empowering individuals and families to determine their care decisions at a critical time, and reducing unwanted end-of-life care expenses needs to become part of the public health agenda. Our research shows the public wants to have control of their life, even at the end, and are looking to their physicians or other health professionals to lead the way and initiate these discussions. "

Provided by Johns Hopkins University Bloomberg School of Public Health

Citation: Advance directives manage end of life care issues and reduce end of life medical costs (2013, May 8) retrieved 6 May 2024 from <https://medicalxpress.com/news/2013-05-advance-life-issues-medical.html>

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