

## Doctors also find it hard to have end-of-life talks

Monday, January 31, 2011

By Pohla Smith, Pittsburgh Post-Gazette

Geriatrician Eric Rodriguez, a trustee for the **Jewish Healthcare Federation**, says end-of-life conversations can be as difficult for doctors as for their patients.

"I wouldn't be honest if I said it was easy, but I feel it is our responsibility to initiate such conversations," said Dr. Rodriguez, who has a practice at Benedum Geriatric Center within UPMC Montefiore.

"Some patients make it very easy because they want to talk about issues. Some are almost put off about discussing a bad prognosis."

If the patients then decline the end-of-life talk, "that's also their prerogative."

He said in the conversation:

1. The doctor should be clear about the patient's situation and prognosis. The patient should learn how the doctor thinks the illness will progress.

"I think assuming we can get some sufficient clarity around diagnosis [next] is to talk about advance directives or wishes for care at the end of life. So that entails understanding how aggressive the patient or patient's surrogate wants to be about treating the primary disease, if there is a primary disease or addressing complications or new diseases that may crop up along the way."

2. The doctor needs to learn how much a patient wants to do for comfort as opposed to care that aims to cure the illness.

"Palliative care can be applied during the time curative treatment can still be attempted, whereas hospice care is reserved for when curative care is no longer sought." Medicare defines hospice care as being for the last six months of life.

Elderly patients with chronic disease or in the early stage of a terminal disease are often still capable of end-of-life discussions, he said. It may be difficult for doctors to engage younger patients with terminal illness in such conversations, especially if the patient wants to continue fighting an illness with curative care.

Dr. Rodriguez said ideally end-of-life conversations should take place "when the patient is still able to have them. If you wait until they're so debilitated or cognitively impaired, then you've missed the best opportunity to do what they want done."

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First published on January 31, 2011 at 12:00 am