



# PREPARING FOR END OF LIFE

Westminster Presbyterian Church  
Sunday School Panel  
February 9, 2025  
Tiffany Hines



# Faith, Medicine and End of Life

Palliative Care

Hospice Care

Locations and Levels of Care

Questions

# **Faith, Medicine and End of Life** Palliative Care

Medical specialty, board certification- RN, MD, NP

Philosophy of Care

Provision of services alongside medical treatments

Hospital/outpatient consultants, hospital unit, home visits

# Faith, Medicine and End of Life Hospice

Philosophy of Care

Payment for Health Care

Location of Care

Health Care Provision by health care team

Nurse, doctor, chaplain, social worker, nurse aide, volunteers,  
grief counselors

# Faith, Medicine and End of Life Hospice

Eligibility- Surprise question

Financial – Medicare benefit

Must be medically eligible and embrace the hospice philosophy

Not:

- 24/7 care

- Just for the last few days

- For people who want to return to the hospital for further interventions

# Faith, Medicine and End of Life

- How may a family begin the conversation regarding patient wishes?
- How do you approach end of life planning from a medical perspective (affirming science) and as a person of faith?
- How does a person of faith address quality vs quantity of life?

# Faith, Medicine and End of Life

How may a family begin the conversation?

Never too early

Low stakes opportunities

Gift

Surrogate decision maker

**ADVANCE DIRECTIVE FOR HEALTH CARE\***  
(Tennessee)

**Instructions:** Parts 1 and 2 may be used together or independently. Please mark out/void any unused part(s). Part 5, Block A or Block B must be completed for all uses.

I, \_\_\_\_\_, hereby give these advance instructions on how I want to be treated by my doctors and other health care providers when I can no longer make those treatment decisions myself.

**Part 1 Agent:** I want the following person to make health care decisions for me. This includes any health care decision I could have made for myself if able, except that my agent must follow my instructions below:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Alternate Agent:** If the person named above is unable or unwilling to make health care decisions for me, I appoint as alternate the following person to make health care decisions for me. This includes any health care decision I could have made for myself if able, except that my agent must follow my instructions below:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

My agent is also my personal representative for purposes of federal and state privacy laws, including HIPAA.

**When Effective** (mark one):  I give my agent permission to make health care decisions for me at any time, even if I have capacity to make decisions for myself.  I do not give such permission (this form applies only when I no longer have capacity).

**Part 2 Indicate Your Wishes for Quality of Life:** By marking “yes” below, I have indicated conditions I would be willing to live with if given adequate comfort care and pain management. By marking “no” below, I have indicated conditions I would not be willing to live with (that to me would create an **unacceptable** quality of life).

|                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>Permanent Unconscious Condition:</b> I become totally unaware of people or surroundings with little chance of ever waking up from the coma.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>Permanent Confusion:</b> I become unable to remember, understand, or make decisions. I do not recognize loved ones or cannot have a clear conversation with them.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>Dependent in all Activities of Daily Living:</b> I am no longer able to talk or communicate clearly or move by myself. I depend on others for feeding, bathing, dressing, and walking. Rehabilitation or any other restorative treatment will not help. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>End-Stage Illnesses:</b> I have an illness that has reached its final stages in spite of full treatment.  |



# Faith, Medicine and End of Life

How do you approach end of life planning from a medical perspective (affirming science) and as a person of faith?

Science vs Faith  
prognostication

How does a person of faith address quality vs quantity of life?

# Faith, Medicine and End of Life

- How does hospice differ from ICU?
- How does one avoid a 'bad death,' prolonged suffering and loss of one's identity?
- What are the emotions of/family dynamics of 'letting go' of a family member?

# Faith, Medicine and End of Life

How does hospice differ from ICU?

Life prolonging interventions-ventilator, dialysis, transfusions

Comfort meds/treatments vs continued limited interventions

Visitors, monitors, alarms, labs

Same quality of care- just different goals

# Faith, Medicine and End of Life

How does one avoid a 'bad death,' prolonged suffering and loss of one's identity?

What's a bad death and bad for whom?

Physical symptoms – symptom control vs alertness

Psycho-social-spiritual-existential

Maintain dignity, identity

# Faith, Medicine and End of Life

What are the emotions of/family dynamics of 'letting go' of a family member?

Anticipatory Grief

Withdrawal

Psycho-social-spiritual-existential

Maintain dignity, identity