

QUESTION: *I know it's really important to have end-of-life discussions sooner rather than later, but I'm a procrastinator by nature and that's not exactly something I want to have to think about. Where do I even start? Do you have any ideas on how I should approach this?*

Response from Stephanie T. Machell, PsyD:

As no lesser authority than Hank Williams observed, we'll never get out of this world alive. Most of us would prefer to live longer and die more gently than he did. Had he been given a choice it's likely he would have, too.

We don't get a choice. Few of us know when or how we will die. It would make sense for everyone to have end-of-life plans in place at an early age, especially if we have dependents and/or beliefs and wishes we want respected.

Yet most people don't. We procrastinate and avoid. Our families collude with us because they don't want to think about our death, let alone their own. Our culture encourages us to speak in euphemisms, as if the "d-word" is somehow obscene.

Whether we say the word or not, talking about death makes just about everyone uncomfortable. Even for those who have unquestioning faith about what does (or doesn't) happen, death is the ultimate unknown. We may be afraid it will involve suffering, be frightened of the loss of control it represents, or of no longer existing. And thinking about death brings up other deaths, those losses we've failed to fully grieve.

A surprising number of us procrastinate out of superstition. I'm not proud to admit that this is part of my own procrastination. It's irrational, yet some part of me fears that getting things settled will hasten my own death, in spite of knowing people who died never having completed

a will or advance directives, and many more who lived for years after putting them in place.

I share this to let you know that while our reasons may not be the same, I understand your resistance. How are you (and by "you," I really mean "we") going to get past this? By dealing with what is in your way. Identifying the reasons you're procrastinating may mean acknowledging that thinking about your eventual demise makes you afraid or sad or otherwise uncomfortable. Or recognizing that it's "just" one more thing you procrastinate over.

Procrastination doesn't really make you feel better. It keeps whatever you're procrastinating over present in your thoughts. Set a date and use Dr. Olkin's excellent checklist to get it done. If you're not sure what your wishes are, take the time to clarify them. If you're afraid of having an uncomfortable discussion with those who will carry them out, remember that doing so models the importance of having such conversations.

Your significant others have likely thought about what you will want and may be relieved that you brought it up first. And because you've taken the time to decide what you want, all you will need to do is make sure the person(s) you name are comfortable carrying out your wishes *as you want them carried out*.

I wish you success in completing this necessary task. And now that I've written this column, I'm out of excuses for not calling the attorney I was going to call last year!



Dr. Stephanie T. Machell is a psychologist in independent practice in the Greater Boston (MA) area. She specializes in working with those affected by polio and other physical disabilities. Her father was a polio survivor.

Response from Rhoda Olkin, PhD:

This is one of those tasks that most people dread. The problem is that the task requires thinking about our own demise, and of course we'd rather not do that!

The good news is that when you finally do tackle the issues the decisions you need to make can be completed in about twenty minutes. There are many forms online, and each state has different forms, but no one form that you must use. You really could finish all the major decision making in the time it takes to answer the questions in this column:

1. Do I want to be buried (Where? Paid for?), cremated (Where? Paid for?) or donate my body? If donating, is it okay for the donation to go to (a) education; (b) donor organ; (c) for-profit; (d) overseas?
2. Who do I trust to make end of life decisions for me should I be unable to make them myself? Who is my back up for this person?

Name 1 _____ Name 2 _____

3. Have I given someone a list of who is to be notified in case of my death?
4. Do I have a will?

I'm going to make this as easy as possible for you. Fill out the form below and give it to your primary care physician.

A. Regarding life prolonging measures, I would like my agent to approve:

	Yes	No	Agent to use own judgment
Breathing tube in the nose	_____	_____	_____
Intubation	_____	_____	_____
IV nutrition	_____	_____	_____
Urinary catheter	_____	_____	_____
Dialysis	_____	_____	_____

B. I would consider that I did not have sufficient quality of life and would not want my life prolonged in the following circumstances:

	Yes	No	Agent to use own judgment
Unable to breathe on my own indefinitely	_____	_____	_____
Unable to take in nutrition orally	_____	_____	_____
Unable to control bladder and bowels	_____	_____	_____
Unable to communicate orally	_____	_____	_____
In pain indefinitely, unmitigated by non-narcotic medications	_____	_____	_____

If you answered the questions 1 to 4, and completed the form, you have done 90% of the work you need to do. Making a will is the other 10%. No you can go back to not thinking about it. ■

Dr. Rhoda Olkin is a Distinguished Professor of Clinical Psychology at the California School of Professional Psychology in San Francisco, as well as the Executive Director of the Institute on Disability and Health Psychology. She is a polio survivor and single mother of two grown children.

