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Are you prepared? Virus highlights need for health, end-of-life planning



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For nine months the nation has talked about its rising coronavirus death toll, which now has claimed the lives of 311,000 Americans — 491 of them from Lucas County.

But no one seems to want to talk before someone falls gravely ill about what should happen during their care.

Do they want to be intubated? How about resuscitated? Who should make care decisions if they're unconscious or otherwise unable to? What should happen to property or pets if they die?

Now more than ever, these are questions that every individual should be asking as part of advance-care planning. But researchers at the University of Toledo say only about a third of American adults are doing so.

"Death is still the elephant in the middle of the room," said Timothy Jordan, a professor of public health. "People don't like to talk about it; they think they'll jinx themselves."

Minority populations are even less likely to plan ahead, he said, and that's concerning given they're disproportionately affected by the virus.



The [latest U.S. Centers for Disease Control and Prevention data](#) show black Americans are 3.7 times more likely than whites to be hospitalized with coronavirus and 2.8 times more likely to die from it, while Hispanic Americans are 4.1 times more likely to be hospitalized and 2.8 times more likely to die than whites.

In 2017 a nationwide study by Dr. Jordan and Colette McAfee, then a UT doctoral student, found that only 8 percent of black respondents and 18 percent of Hispanic respondents had a living will, durable power of attorney, or had spoken with relatives or other loved ones about their wishes, in contrast to 33 percent of whites.

He assumes the gaps have only widened as racial inequities increase, especially during the pandemic.

“They’re dying more, but ready less,” Dr. Jordan said.

Given that forms needed to complete advance-care planning are free, it doesn’t have to be that way, he said. Ohio residents can [print off the advance directive forms](#) from the Ohio Hospital Association website. Michigan residents can find them [on the state’s website](#).

“All you have to do is have two witnesses not related by blood or marriage,” Dr. Jordan said.

He recommends individuals do five things to prepare for a medical emergency:

- Write a living will, which describes what health measures you do or do not want done while you are alive but unable to speak for yourself.
- Assign a durable power of attorney for health care as the person who will speak for you regarding health care choices when you cannot speak for yourself. This would also include a power of attorney - someone who will make decisions regarding your finances, property, and other legal matters if you are incapacitated.
- Consider a Do Not Resuscitate order, which explains the extent to which life-saving measures should be taken.
- Outline a final will, noting who should care for your children or pets, and who should receive which property and possessions in the event of your death.
- Tell someone about your wishes and where to find the documents so they can be enforced, if needed.

“When something happens to a family member, the family is often saying to the health care staff, ‘Do anything to save him,’” Mr. Jordan said. “The advantage of [having the documents] is the patient can tell his loved ones, ‘This is what I want.’... It removes all questions about what should happen.”

Others who have a few hundred dollars to spend may want to explore end-of-life planning with a lawyer, and area lawyers told The Blade over the summer that pandemic-based uncertainty did seem to be driving interest.

Rose Mock, with Mock Law, said in August she was “swamped” with requests for wills and trusts as prospective clients rushed to get their affairs in order.

Attorney Edward Schimmel said his requests had doubled to about 10 wills per week. Those numbers have remained consistent through December, he said.

He encourages the same documents’ preparation as Mr. Jordan, with special focus on the first three.

“These things come into play while you’re alive,” Mr. Schimmel said. “I think that it’s very important that everyone have a health-care power of attorney, because anyone can get ill or get injured in an accident or whatever.”

While a lawyer’s involvement isn’t necessary for advance-care forms to be made legally binding, Dr. Jordan recognizes there are other challenges that may prevent that planning from taking place, especially among minority groups. Poverty, a lack of access to a computer, the Internet, or a printer, distrust of the health-care system, language and cultural barriers, and less awareness about the importance of advance-care planning leave some populations unprepared, even if the solution is free.

He and Ms. McAfee, now an associate professor of public health at Westminster College in Salt Lake City, advocate for more education about end-of-life issues in the general public. As part of that campaign, Mr. Jordan said, conversations are under way about getting trained patient navigators into minority communities to help guide individuals through the process.

“We need to take this out to the public where people are,” he said.

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