Introduction

"You'll never have to go to the hospital unless you break a bone or have another baby!"

This was my promise to my ninety-year-old mother. We both laughed at the prospect of her having another baby. Babies were her specialty, having had sixteen children. But my pact with my mother was a serious one. We were sitting in the kitchen of her ranch-style townhome, which she purchased eight years earlier after the death of my father. Those years had given her an independence she had never experienced before, and she was clear she wanted to be in charge of her destiny.

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Excessive healthcare victimizes many people in this country. It subjects our oldest and most vulnerable patients to tests, procedures and medications that have little or no value to their health. What is worse, many are having medical interventions that are harmful to them. Patients and family members need to take control of the healthcare process and to know that, as people become older and more frail, less is more.

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Too often people lose a sense of autonomy as they age. The healthcare system, well-meaning family, and society, in

general, frequently treat the very old as if they were children. My mother was all too aware of that and determined to avoid it. She knew that she didn't want the final years of her life spent in a series of doctor's appointments and hospitalizations.

In the following chapters, I will tell you stories about people I have cared for: family members, friends, and patients. These stories impacted me in my early career as a critical care nurse and even now as a nurse anesthetist. You will also read about the widespread problem of unnecessary treatments for older people. These unnecessary tests, surgeries, and medications can lead to physical complications and declining health for an older person. Too often, vulnerable people are swept up into the healthcare system that always has another test to do or medication to prescribe. I view this as the "healthcare conveyor belt."

In my past training, a common assignment was to create a care plan for a patient. Having been told the age and medical condition, we were to outline a plan for that patient's care. We were never encouraged to speak with the patient to determine what her individual goals were or to ask what was most important to her. The assumption was each complaint and symptom could have a test and every test a diagnosis and each diagnosis a treatment. Looking back, I can see how limited that approach is. Instead, we need to assist each person in achieving her priorities in life in the best possible health, while also maximizing benefits and reducing the burdens of our interventions.

The process of protecting autonomy starts with having honest conversations with the people involved. Whether this is for yourself or you are helping a loved one, keep

other family members aware, and let the appropriate health-care providers know about the priorities. This is the question I will keep reminding you about, which should be answered in any situation involving a healthcare choice: "What is the goal?" For some, the goal will be to remain at home with family or to avoid being in a nursing home, even if only for physical therapy after surgery. Many people have a goal of limiting medications, or they want to be pain-free. Once you have a clear idea of the goal, making healthcare decisions becomes less confusing.

My mother's goals for the last part of her life were to protect her autonomy and be at home with people who loved her. She wanted to avoid interactions with doctors and hospitals. Knowing those goals made my job easier as her primary caregiver. Situations arose during the final years of her life that could have easily led to hospitalizations and complex interventions. But I knew her goals, so each new health complication did not present a conflict or stress about which actions to take. Mother had made her thoughts clear on how she wanted to live. It was my job to ensure those goals were respected.