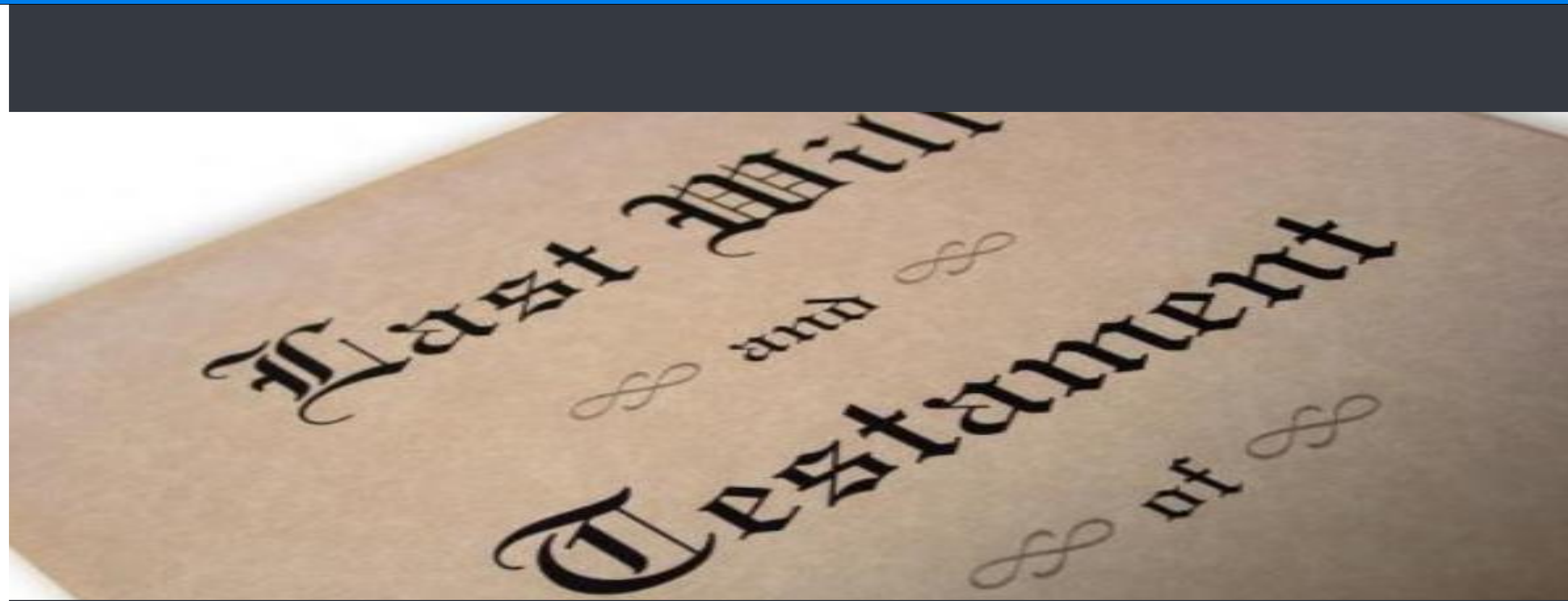
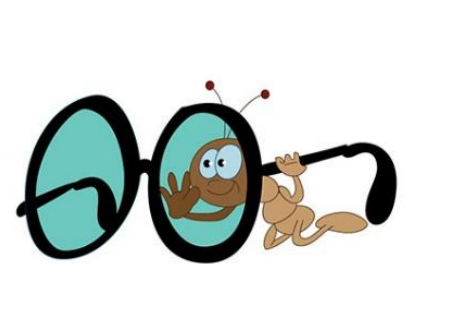


Talking About and Preparing for Death Among Older Adults

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Individuals with greater comfort with end-of-life discussions have greater satisfaction with their end-of-life plans



References

Brinkman-Stoppelenburg, A., Rietjens, J. C., & Van der Heide, A. (2014). The effects of advance care planning on end-of-life care: A systematic review. *Palliative Medicine*, 28, 1000–1025. doi:10.1177/0269216314526272
Orentlicher, D. (1990). Advance medical directives. *Journal of the American Medical Association*, 263, 2365–2367. doi:10.1001/jama.1990.03440170087043

Introduction

Experts on end-of-life (EOL) issues recommend that individuals make preparations for death – including a living will, healthcare proxy, last will and testament, and plans for their memorial service (Orentlicher, 1990).

These experts further encourage conversations with loved ones; however, many individuals are reticent to engage in such EOL conversations (Brinkman-Stoppelenburg et al., 2014).

The purpose of this study was to investigate relationships between older adults' comfort with EOL discussions, death preparation, and their EOL plans.

Methodology

Participants. Older adults ($N = 354$) ages 50–102 ($M = 77.83$, $SD = 10.58$), 68.4% female, and 76% Caucasian, completed a questionnaire including:

Comfort with EOL discussions. “How comfortable are you talking to your family about your wishes?” on a scale of 1 = very uncomfortable to 5 = very comfortable.

Death preparation. Dichotomous items asking if participants had a living will, healthcare proxy, and last will and testament were summed, with higher scores indicating a higher level of death preparation.

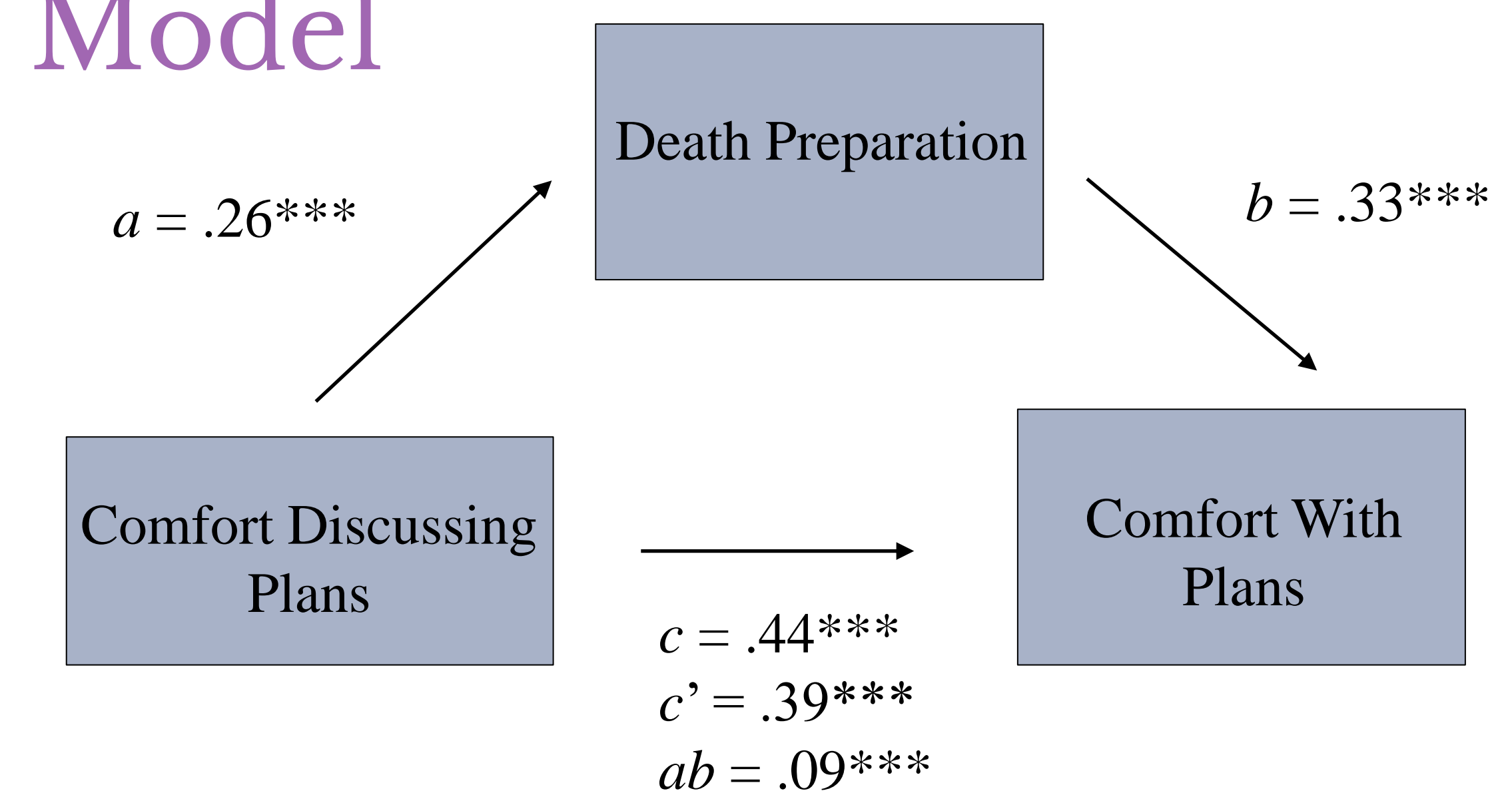
Comfort with EOL plans. “How comfortable are you with your current plans?” on a scale of 1 = very uncomfortable to 5 = very comfortable.

Results

Bivariate correlations. Results found that greater comfort with end-of-life (EOL) discussions was associated with greater death preparation ($r = .26$, $p < .01$) and greater comfort with EOL plans ($r = .47$, $p < .01$). Also, greater death preparation was associated with greater comfort with EOL plans ($r = .43$, $p < .01$).

Mediation Model. Death preparation mediated the relationship between comfort with EOL discussions and comfort with EOL plans.

Model



Conclusion

Overall, results demonstrate that older adults who are more comfortable discussing their end-of-life (EOL) plans with loved ones engage in greater death preparation and thereby feel a greater sense of satisfaction with their plans for death.

This has huge implications on a national level as older adult populations continue to rise in the US. Additionally, this gives further evidence supporting the need for death preparation conversations to begin sooner – not only in the health care system but also with loved ones – to allow for higher levels of comfort in EOL plans for older adults.