Session Title
End of Life Care for the Elderly

Session Summary
End of life care is challenging with discussions often conflicted at any age. For the elderly, the challenge of setting realistic treatment and care goals when death is near is also frequently compounded by surrogates not having full awareness of patient preferences or understanding probable outcomes and disease prognosis. In recent years there has been increasing attention given to quality of life for seriously ill and dying patients, with emphasis on whether patterns of care and treatment, especially aggressive treatment, are consistent with patient preferences, improving quality of life, or likelihood of success. Much of this improvement is due to the enhanced awareness by care teams, greater
efforts and some regional success in getting advance care planning completed, and improved access to hospice and palliative care. Success in end of life care begins with how effectively physicians and other members of the care team communicate with patients and their loved ones. Hope, misunderstanding, and fear of abandonment may influence decision making about futile treatment, particularly in the elderly. The recent Institute of Medicine (IOM) Report, “Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life” offers a model of care for those with advanced illness, stating it that should be seamless, high quality, integrated, patient and family centric, and consistently available. It should also be delivered by those trained and skilled in giving it. Improving understanding and communication between the care team and the patient and/or their surrogate, setting realistic goals based on prognosis, patient preferences, and evidence based probabilities will be ever crucial to improving outcomes and ensuring high value care for dying patients.