Social and Economic Influences on Older Adults' Preparations For End-of-Life Health Care Needs

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Extended abstract submitted for possible presentation at
Population Association of America 2005 annual meeting, Philadelphia, PA.

Sociologists have documented the importance of social relationships and personal resources for health and longevity. Married people enjoy better physical and mental health and longer lives than their unmarried peers (Waite & Gallagher, 2000), while persons with higher education and income tend to enjoy better health than persons of lower socioeconomic strata (Preston and Taubman, 1995). Although differences in life expectancy have been documented persuasively, few studies explore whether the "quality" of one's death or the physical and emotional well-being experienced during one's final days of life is affected by one's social characteristics.

The cornerstone of "dying well" or the "good death" is end-of-life medical treatment that minimizes avoidable pain, and that matches patients' and family members' preferences (Byock, 1996; Webb, 1997). Physicians, policy makers and social scientists maintain that a critical precondition for achieving a "good death" is advance care planning (National Hospice Organization 1995). Advance care planning typically comprises three behaviors: completion of an advance directive or living will, the appointment of durable power of attorney for health care (DPAHC), and holding informal discussions with family and care providers about one's end-of-life care preferences (Hopp 2000). An advance directive, or living will, is a formal document which specifies the medical treatment a dying patient would like to receive in the event that he or she is incapacitated. A DPAHC permits a person appointed by the patient to make decisions about health care treatment, in the event the patient is incapacitated. Informal discussions are discussions between an adult and his or her family, physician, care provider, or other professionals. During the conversations, the patient's treatment preferences should be clearly conveyed to others (Singer et al. 1999).

In this study, we explore whether marital status and educational attainment affect the preparations that older adults make for their end-of-life health care needs, because such preparations have been identified as an important precondition for a "good death." We focus on three specific preparations: (1) appointing a durable power of attorney for health care; (2) completing a "living will;" and (3) discussing one's health care preferences with significant others.

Data and Methods

Data are from the Wisconsin Longitudinal Study (WLS), a long-term study of a random sample of 10,317 men and women who graduated from Wisconsin high schools in 1957. Subsequent interviews were conducted when the respondents were age 36 (in 1975), 53 or 54 (in 1992-1993), and 64 or 65 (in 2003-2004). In 2003-2004, topical modules were administered to randomly selected subsamples. An 80 percent subsample was asked questions about their plans and preferences for end-of-life health care. Responses to these questions are the outcomes in our analysis.

Study Outcomes

In the first part of our analysis, we will conduct logistic regression analyses to estimate the likelihood that a respondent has: (1) a living will or advance directive (i.e. has written instructions about the type of medical treatment they would want to receive if they were unconscious or somehow unable to communicate); (2) appointed a durable power of attorney for health care (i.e., has made legal arrangements for someone to make decisions about their medical care if they become unable to make those decisions); and (3) discussed their plans and preferences for the health care they would want if they become seriously ill in the future.

In the second part of our analyses, we focus on the respondents' beliefs about the efficacy of their discussions. All persons who indicated that they had discussed their plans and preferences for end-of-life care are also asked to name all persons with whom they held these discussions, and to evaluate how well each person understands their preferences. We will estimate two-stage selection models to evaluate one's perceptions of the effectiveness of their discussions, given that they held such discussions.

Key Predictors

The two central independent variables of our analysis are marital status and educational attainment. We will explore whether currently married persons are more likely than never married, separated or divorced persons to plan for end-of-life health care needs, and will evaluate whether marital status is associated with one's evaluation of the quality of their discussions. We will also explore whether persons with college or post-college education are more likely than high school graduates both to prepare for late-life health care needs, and to offer more positive evaluations about the effectiveness of their discussions.

We will control for selected health characteristics, given that poor health or an imminent need for clearly stated health care plans may elevate the likelihood that one has made such preparations. Other controls will include gender, cognitive ability, recent health events, and the quality of one's relationships with family members.

Preliminary Findings

The most common planning strategy used was holding discussions with others; 74 percent of respondents discussed their health care plans and preferences with others, whereas only 53 percent appointed a durable power of attorney for health care (DPAHC)

and 55 percent have a living will. The preliminary findings also show that marital status is unrelated to the likelihood that one plans but is significantly related to who one chooses to make decisions for them. The latter finding accounts, in part, for never married and formerly married persons' less positive evaluation of the degree to which their health care plans are understood. Married persons are more likely to discuss their plans and preferences with their spouse, while unmarried persons discuss their preferences with their children, other relatives, or friends, who often do not fully understand their loved one's health care preferences. Persons with higher levels of education are more likely to engage in all three types of end-of-life preparations, and this effect persists after current health is controlled. Persons who evaluate their own health as "fair" or "poor" are more likely than persons in "good" or better health to make such preparations. Our findings suggest that the physical and psychological health benefits accrued to married persons and the well-educated over the life course may persist into the final days and weeks of life, given that strong social ties and education are associated with effective planning for possible late life health problems.

References

Byock, Ira R. 1996. "The Nature of Suffering and the Nature of Opportunity at the End of Life." *Clinics in Geriatric Medicine* 12 (2): 237-52.

Hopp, Faith. 2000. "Preferences for Surrogate Decision Makers, Informal Communication and Advance Directives among Community-dwelling Elders: Results from a National Study." *The Gerontologist* 40(4): 449-57.

National Hospice Organization. 1998. *National Hospice Organization Committee on Medicare Hospice Benefit and End-of-Life-Care: Highlights of the Final Report.* Arlington, VA: Author.

Preston, Samuel and Paul Taubman. 1994. "Socioeconomic Differences in Adult Mortality and Health Status." Pp. 279-318 in *Demography of Aging*, edited by Linda G. Martin and Samuel H. Preston. Washington, DC: National Academy Press.

Singer, Peter A., Douglas K. Martin, and Merrijoy Kelner. 199. "Quality End-of-Life Care: Patients' Perspectives." *Journal of American Medical Association* 281(2): 163-68.

Webb, Marilyn. 1997. *The Good Death: The New American Search to Reshape the End of Life.* New York: Bantam Books.

Waite, Linda J. and Maggie Gallagher. 2000. *The Case for Marriage: Why Married People are Happier, Healthier, and Better Off Financially*. New York: Doubleday.