

Patients: Doctor to talk about final plans

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my brother I haven't seen in 20 years and getting my pension taken care of, do I want to spend that time going back and forth to the hospital for treatment?"

Do most patients really want to know how much time they might have left? It's a scary subject.

Doctors and patients both find these discussions difficult. Some research shows that doctors often overestimate a patient's prognosis or sugarcoat the information, Casarett said. And patients don't always ask about their prognosis in a direct way.

"It may be something you want to know, but don't want to know, at the same time," he said.

However, studies suggest that most patients, even those with different diagnoses and in different areas of the country, actually do want a realistic estimate of their prognosis.

What are some of the most

or leave some sort of legacy for their families, such as photos or even a book of recipes.

Others choose to simply enjoy life. Some even decide to exact revenge on those they feel have wronged them.

Do patients often have a "bucket list" of things they want to do, such as jumping out of an airplane or traveling to an exotic place?

Surprisingly, no, Casarett said.

The wife of one of his patients once told the physician that she always had wanted to climb Mount Everest before she died.

"I tried to get her to tell me whether that's really the most important thing to do if she had six months to live," he said. "She said, 'I might want to climb Mount Everest, but I would want to make sure my entire family would be there.' Then she thought about it and said, 'I'd rather just spend time with my family.'"

"A bucket list is often

learn from the dying?"

Sometimes those faced with a dying relative or friend vow to live their own lives as if every day were their last.

It's really not a great idea, Casarett said.

"Would you want to live in a world where everyone was like that? You would never get anything done. You would never leave the house," he said. "Yet, still there is a tiny piece of this that is important."

The trick is not to live every day as if it were your last, but every so often to live an hour as if it were on your last day, to see what is missing or what you might wish to do if you had only a short time left in your life.

Casarett once had a patient who was revived after having cardiac arrest. The man vowed to change his life: to eat better, be a better father, give to charities, go to church.

He didn't end up doing most of those things, but he

never went to bed with any unresolved arguments or conflicts.

"In the back of his mind was this awareness that he might not wake up the next morning," he said.

What lessons have you learned from your patients?

Casarett had a terminally ill patient who fulfilled a lifelong wish to write a novel. He realized he had the same wish.

He is now shopping for an agent for "The Forgiveness of Dogs," his novel about a man and a dog who show up at a hospice for homeless women.

"Some of us have a couple of months. Some of us have a couple of decades. The rest of us are somewhere in between," he said. "Any sort of prioritizing my patients go through is the same thing we all go through."

"Although they are doing it on a more intense scale, all of us go through it every day."