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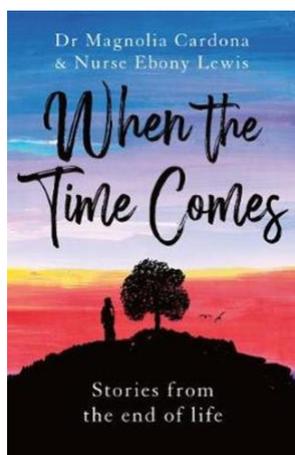
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WHEN THE TIME COMES

Stories from the end of life

By Dr Magnolia Cardona and Nurse Ebony Lewis

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We can't know for certain when we will die, but for older people with chronic irreversible illness there are objective tools to approximately predict short-to medium time to death. If you had a few months to live, would you like to know? Would you want to tell your family and doctors what is acceptable treatment and how far you'd like them to go to keep you alive? Would you be prepared to tell them when to stop?

Death is still a taboo subject, we don't like to think about it let alone talk about it and yet, the one certainty that binds us all as humans is that we will each die. How we die is more within our control than we may be aware, but it means we have to bring ourselves to address this grim topic in the prime of our health. The importance of having an open conversation with family and healthcare professionals about our preferences for care in case we lose the physical or mental ability to make decisions cannot be over-emphasised.

[*When the Time Comes*](#) is a collection of short true stories written by a doctor and a nurse based on contributions from older patients, their families, friends, informal caregivers, and other health professionals who know what the end looks like and what we can learn from it. The book is written in plain English to raise awareness among the general public about the need to reduce over-treatment and to normalise the talk about death.

Medical and nursing students as well as graduate health professionals can also discover something new through its pages about enhancing certainty of prognosis, taking time to broach the sensitive topic of dying as a natural part of the life cycle, and preparing themselves to improve their compassionate communication skills to provide families with enough time to say their goodbyes. The book has reflection questions at the end of each chapter and a list of resources at the end of the volume. Yes, it can be given as a present to anyone over the age of 18 because it will apply to someone, somewhere, today or in the future.

“Whether you are a son or daughter looking after a parent with dementia, or the spouse of someone dying of cancer or other chronic irreversible disease, if you ever get to be asked by a critical care specialist whether they should resuscitate your loved one should their heart stop while they are in hospital, the decision would be less painful if you have had the opportunity to discuss in advance what treatments your loved ones consider unacceptable”, says Dr Magnolia Cardona, an associate professor of health services research and advocate for the rights of older people to not endure unwarranted overtreatment. “It is never too early to hold the discussion about life-support or intensive care treatments, and soon after a

diagnosis could be the first opportunity. There are several chances along the way to talk some more, to change your mind, to clarify your thoughts”.

The preparation when death is anticipated and inevitable includes physical, psychological and social support. Geriatric nurse Ebony Lewis -a co-author and frailty expert- believes “It is a privilege to help patients through the process by guiding them about treatment options, benefits and potential harms. It is also rewarding to honour their preferences for place of death as far as possible. That’s why formalising an advance health directive or at least a statement of choices is so important.”

Unfortunately these sensitive conversations tend to happen between clinicians and patients -or their families- at a time of critical illness when patients are approaching the end and have lost capacity to talk. If only we could facilitate decisions and potentially save some pain, guilt prolonged grief and regret, by finding out the patient’s last wishes in time. The stories in this book carry the lessons on how to help us achieve a good death from natural causes.