

Social Work

Advanced Care Planning: A Patient's Perspective

I knew what the doctor was trying to tell me. I had cancer. My son was going on and on about treatments and chemotherapy and surgery, but all I could think of was “what is going to happen to me?” I had never even been in the hospital, except when I had my two children, and all this talk about different tests and treatments was overwhelming me.

The doctor explained that I had several treatment options. He spoke about different types of chemotherapy, radiation and the possibility for surgery. During the course of our conversation, he asked me how aggressive I wanted to be with treatment. I had never thought of that before. At 88, I knew I did not want to die, but I also knew I did not want to be in the hospital for the rest of my life. The doctor explained about treatment and asked me if I had a living will. A living will? I never heard of that before. I had a will, but that was it. I told the doctor I wanted to learn more and he referred me to the social worker.

We met and spoke about all the things in my life that led up to my cancer diagnosis. She spent a lot of time with my son and me explaining living wills and even showed me an example of one. The social worker explained that a living will was a way for me to make decisions about my health care now, while I was healthy, so that if there were any questions in the future, my family would know what I wanted and wouldn't have to guess. That conversation sparked many more discussions with my son about what I did and did not want. It led me to designate him as my surrogate decision maker.

I am starting chemotherapy next week and feel relieved that I was able to talk to my family about all the things that were weighing on me. No matter what happens, I know that I have their full support in whatever I choose.

For more information about Social Work services or the Geriatric Oncology Program, please contact Dana DeDonato, MSW, LSW at 215.829.6379 or visit PennMedicine.org/Karnell.