Persuasive Speech: Preventing end-of-life care

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Com St. MW 1:00-3:00 pm

**Introduction**

1. Attention Getter: We always hear the saying that “life is too short” and we must live it to the fullest. Imagine that one day you have to take the biggest decision of your life and that is to end life care. Similarly, in the Stat newspaper published on December 14, 2017, Mrs. M suffering from lung cancer pleades her physician saying “ Please, doctor, do something.” It’s neither a request nor a demand. It’s plea that contains a quiet emotional force and presumes both share a common understanding on one key point: what that “something” is.
2. Audience Link: We all have a elderly family member or someone that is sffering from severe disease or illness. We see them go through the toughest time of dealing with aging and sickness. What if that specific individual wants to end his or her suffering and just give up on life. Would you support them in this process or find alternative ways to make his or her life less unpleasing. According to the American Cancer Society magazine, published on January 2018, states in 2017, there will be estimamted 1, 688,000 new cancer cases diagnosed and about 600,000 cancer deaths in the United States.
3. Thesis: Today I will persuade you that there are preventable decisions in ending of life care.
4. Preview: First, we will discuss the prolems associated with end of life care, second, we will look at the effects of the problem, and finally we will dicuss some solutions.

Half Transition: But first let us look at the likely problems.

**Body**

1. [Internal Preview]: Now , we are going to talk about the problems with en-of-life care including the autonomous decision making, inexperienced physicians and trainees, and the conditions the patient spends his or her final days. The first and foremost important problem is the autonomous decision making. After a patients has heard the dignosis of a disease that a patient has, he or she may have to start making some difficult decisions throughout the whole process. According to the American Family Physicians magazine published on August 15, 2004, expresses that communication and decision making in these situations require a complex integration of relevant conceptual knowledge of ethical implications, the priciple of surrogate decision making, and legal consideration; and communication skills that address the highly charged emotional issues under dicussion.
2. According to Saudi journal of kidney diseases and transplantation published on June 2010, describes that asking relatives to participate in the decision making regarding appropriateness of treatment intervention during the terminal stages of illness usually subjects them to tremendous emotional stress and they may not consistently make decisions that accuratly reflect their re-lative’s wishes.
3. The Prim Care Companion J Clin Psychiatry jounal published on 2006 , expresses that the management of end-of-life care and the process of engaging in difficult conversations are topics that are frequently neglected in medical education. A survery of 1455 medical students, 296 residents, and 287 faculty affiliated revealed that only 18% of medical students and residents received formal training in end-of-life care, and over 40% of residents felt unprepared to teach end-of-life care to newer residents or medical students.
4. The dying patient has to spend his or her last day in a room with four white walls and loud noises of various machines. According to the Nursing Economics book, published in June 2012, descibes that patients with advanced cancer, the likelihood they will spend their last days in a hospital intesive care unit depends largely on where they live, and which hospital they seek care in. Unfortunatly, Goodman and colleagues found little evidence that treatments are aligned with patient wishes.

Transition: Now that we have discussed some of the problems with end-of-life care , let us talk about the effects of this problem.

1. [Internal Preview] Now, we are going to talk about the effects of end-of-life care has on the patients , the delimma the family faces, and the ethical issues the physicians and nurses have on this matter.The process of end-of-life care has some major effects on the patient’s emotional and mental state, the family’s delimma, and the physicians or nurses crisis with the matter.
2. The Prim Care Companion J Clin Psychiatry jounal published on 2006, states that These more primitive defenses include suppression or isolation of affect, projection, noncompliance, avoidance, and denial, which may be manifest as a deliberate delay in treatment or as a disagreement between the patient and the physician about the presence, implications, or likely outcome of disease.A study of 189 individuals with cancer linked cognitive avoidance with poor psychological adjustment (to living with cancer) and suggested that the degree of deterioration in one's physical impairment correlates directly with one's levels of psychological distress.
3. The families of the patients that have made the decision to go on with end-of-life care process, face major emotional dilemmas after death. They are always thinking that what-if we had done something different, or did we make the correct decision. They might agree with the dying patient to end his or her suffering, however the diffiicult decision of losing a loved will always traumatize them for the rest of their lives.
4. Take a look at the this video uploaded by The Globe and Mail o April 19, 2016……visual aid # 1……in this video we see a mother and daughter expressing their tragic experience with the end of life care decision and his death.
5. According to The Prim Care Companion J Clin Psychiatry jounal published on 2006, describes that Many physicians, after 7 to 14 years of intensive training that focused heavily on science and technology, feel uncomfortable when directly addressing issues faced by patients and families at the end of life. Clinicians frequently feel uncomfortable confronting death because they relate to and identify with terminally ill patients and their families and resist doing so in the name of professionalism. Death also means the loss of the patient; this may be interpreted by medical caregivers as that they have somehow failed in their work.

Transition: Now that we have discussed the effects of end-of life care, let us look at some possible solutions to these problems.

1. [Internal Preview] Now, we are going to talk about the solutions in preventing end-of-life care includes finding alternative cure or treatmetents, hospice care, and believing in miracles. There are many possible solutions in preventing end-of-life care and taking other steps in helping the patients.
2. Some terminally ill patients have relied entirly on modern medicine to seek cure and treatments for diseases. However, there are cultural and ancient paths that can be taken to cure for some diseases. A spiritual journey or reasearching and finding alternative source in helping the disease.
3. According to the organizational website end of life Washington, published on 2018, expresses that Hospice is a form of palliative care that seeks to optimize the quality of life at the end of life, while neither hindering nor hastening the dying process. It is an important Medicare benefit for terminally ill patients who may only have months to live. Hospice caregivers control pain and other symptoms and provide counseling, family support, and many other services.
4. Having faith and believing that miracles do happen and everything might change plays a big role in preventing end-of-life care. Living life to the fullest and making major lifestyle changes to find treatments and cure.
5. The video uploaded by Joel 10000a on Septermber 16, 2015 shows that faith really hepls miraculously in this case. This women was suffering from stage 4 cancer and doctors had told her that she has only 90 days to live. After the diagnosis, she turned her life around and made major lifestyle changes. She started doing detox sessions, sweat treatements and releasing all of the toxins out of her system. …. Visual aid #2….

**Conclusion**

1. Restate Thesis: Today I persuaded you that preventing end-of-life care is possible.
2. Summary: first we looked at the problems associated with end-of-life care, second we covered the effects it has on patients, family members, and physicians and finally we discussed some of the possible solutions.
3. Memorable statement: I will leave you with a quote from brainy quotes website,by William James, published on August 2006 , saying “ Believe that life is worth living and your belief will help create the fact.”

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