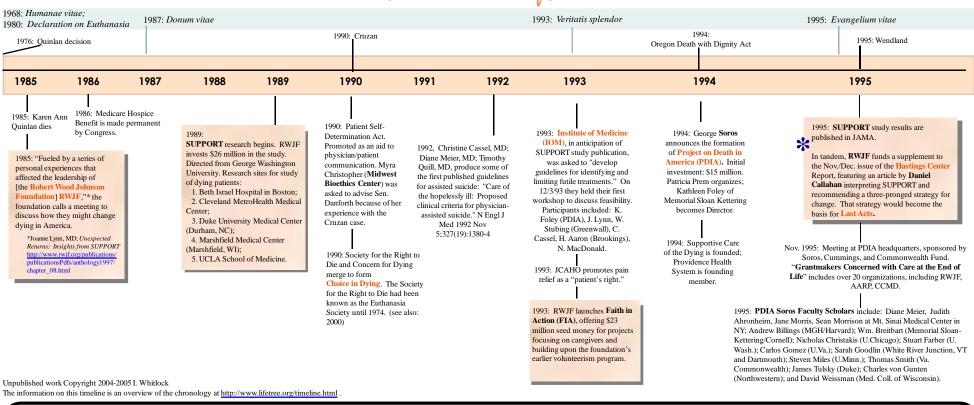
Foundation collaboration: two decades to an American Culture of Death



Last Acts:

Ira Byock supplies levers to move a "culture of denial."

Last Acts held its first leadership conference in March, 1996, in Arlington, Virginia. Daniel Callahan set the overall strategy.

Strategy for Change

- 1) Create opportunities for talking about death
- 2) Change the language (Including: "Establish working relationships with educators in secondary school systems, particularly those who teach family life or health, aimed at making the vocabulary of death and dying more natural.")
- 3) Promote advance care planning
- 4) Improve communications skills of health care professionals
- 5) Strengthen health care professional education related to death and dving
- 6) Palliative care -- move it upstream
- 7) Develop measurement methods. (Outcomes-based death)
- 8) Broaden insurance coverage of palliative care and counseling.

- 9) Hospice: Incorporate successes of the hospice movement into other health care settings.
- 10) Identify other institutional models demonstrating humane, effective, and realistic approaches to caring for patients near the end of their lives.

References:

11) Reduce the misunderstandings about legal issues surrounding care at the end of life.

The second Last Acts conference was held in 1997. Ira Byock gave the keynote address, setting out tactics for the movement:

Levers of Change

- 1) Standards
- Measurement based on standards.
- 3) Accreditation and Certification
 - 4) Policy and Public

Agents of Change:

- 1) Medical Establishment
- 2) Boomer Consumers3) Payors
- Funders of Research and Demonstrations
 - 5) Media

1996 Last Acts leadership conference (see "Challenges and Opportunities" and "Next Steps"): http://web.archive.org/web/20030716044704re_/www.lastacts.org/la_ala/la_abt_conf-a.htm 1997 Last Acts leadership conference:

 $\underline{http://web.archive.org/web/20040124181710re_/www.lastacts.org/la_ala/levtoc.htm}$

"In my own practice, while I steadfastly refuse to write a prescription with lethal intent or otherwise help the patient commit suicide, I can share with the patient information that he or she already has the ability to exert control over the timing [of] death. Virtually any patient with faradvanced illness can be assured of dying -- comfortably, without any additional physical distress -- within one or two weeks simply by refusing to eat or drink."

Ira Byock, American Journal of Hospice and Palliative Care; pp. 8-13, March/April 1995. http://www.dyingwell.com/pmh.htm

