



Snapshots

Communicating, implementing and interpreting last wishes

By David Sunderland

What happens if others have to make decisions about the end of life on your behalf? How do you clearly articulate your wishes?

In France, [Vincent Lambert](#) fell into a coma in 2008 and he died through starvation in 2019 after an 11-year battle between two opposed sides of the family. His wishes were not written down.

Affirming your wishes in Advanced Directives, or a Living Will, help to avoid such potential anguish. Confiding to a trusted person may be helpful, but may not be sufficient as this may be open to ambiguity and challenge.

What to include? Stating your goals and values concisely and in terms of spirit rather than substance is often more easier to interpret than detailed instructions. For example:

- “I want to receive care so long as I am able to laugh and enjoy beauty”
- “Withhold care if I am not likely to recover to communicate and live with constant expert attendance”
- “Do not keep me on life support unless it is a bridge to wellness”
- “If I have advanced dementia, do not keep me on life support”

Atul Gawande suggests the most important doctor-patient relationship is ‘interpretative’: beyond information and control, guidance is important – understanding what is most important, your worries, and priorities.

Gawande discussed the question with his father, who was a brilliant surgeon and surprisingly wanted simply to be able to “eat ice cream and watch TV”. A few years later, when his father was in an operation when a life-threatening and extensive tumour was being removed, Atul could communicate to the surgeon whether – if the surgery was its most invasive – his father would have a good chance of “eating ice cream and watching TV”.

References

- [Nesbitt and Zimet \(2024\) A Tender Time: Quaker Voices on the End of Life](#)
- [Gawande \(2015\) Being Mortal: Illness, Medicine and What Matters in the End](#)

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