Dying Well Starts with Living Well: Gloves Off with Dr. Bob Uslander Transcript

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Introduction to end-of-life planning

>> I want to ask you something and I want >> I want to ask you something and I want you to actually sit with it for a you to actually sit with it for a second.

second. second. Have you actually thought about how Have you actually thought about how you're going to die? you're going to die? I mean, not necessarily in a morbid way, I mean, not necessarily in a morbid way, but in a way that you've actually but in a way that you've actually thought about it. Where would you be?

thought about it. Where would you be? Who would be there? Would you actually Who would be there? Would you actually have a say in what happens to your body?

have a say in what happens to your body? These are important questions and most These are important questions and most of us have not even thought about that.

of us have not even thought about that. And today's guest would tell you that's And today's guest would tell you that's probably one of the most important probably one of the most important things that we should do and probably a things that we should do and probably a dangerous thing not to have thought dangerous thing not to have thought about. This is Gloves Off and I'm your about. This is Gloves Off and I'm your host, Dr. Kalpana Sundar, and we are host, Dr. Kalpana Sundar, and we are broadcasting from San Diego, California.

broadcasting from San Diego, California. And today's guest is Bob Uslander. He And today's guest is Bob Uslander. He spent 25 years as an ER physician, so he spent 25 years as an ER physician, so he really was able to watch people arrive really was able to watch people arrive at the end of their life completely at the end of their life completely unprepared and unfortunately the system unprepared and unfortunately the system doesn't even prepare doesn't even prepare things for people like this. So, the things for people like this. So, the bottom line is he knew he had a calling, bottom line is he knew he had a calling, he had a purpose in life that was beyond he had a purpose in life that was beyond emergency room medicine, and he left emergency room medicine, and he left that to pursue this. So, needless to that to pursue this.

Why people avoid death conversations

So, needless to say, he and I had something in common say, he and I had something in common because we both left our {quote} because we both left our {quote} {unquote} conventional medical careers {unquote} conventional medical careers to basically do something that was more to basically do something that was more in alignment for us. So, let's welcome in alignment for us. So, let's welcome Dr. Bob.

Dr. Bob. Hello. How are you today? Hello. How are you today? I'm great. Thank you. Thanks very much. I'm great. Thank you. Thanks very much. Happy to be here.

Happy to be here. >> Yes. Yes, I'm excited to get into this >> Yes. Yes, I'm excited to get into this conversation with you. I just conversation with you. I just I'm excited to talk about this because I'm excited to talk about this because it's just something that most of us it's just something that most of us don't think about. I mean, I think about don't think about. I mean, I think about it, but then I think you think about it, it, but then I think you think about it, but most people I feel that most people but most people I feel that most people when the topic of their own death comes when the topic of their own death comes up they they have a fear around it.

up they they have a fear around it. They'd rather really just avoid it at They'd rather really just avoid it at all costs and I know this because I'm all costs and I know this because I'm also a financial professional, so I help also a financial professional, so I help people with life insurance policies and people with life insurance policies and things and they don't even want to look things and they don't even want to look at a life insurance policy because that at a

life insurance policy because that makes them think that they're might die makes them think that they're might die one day.

one day. So, people just get very uncomfortable. So, people just get very uncomfortable. Is that what you've seen as well? Is that what you've seen as well?

Yeah, I I some people do. Some people Yeah, I I some people do. Some people are very excited about talking about it are very excited about talking about it actually. Oh. Wow.

actually. Oh. Wow. >> There's There's like There's There's two >> There's There's like There's There's two There's three different groups of There's three different groups of people.

people. people. There's the people who who do not want There's the people who who do not want to talk about it at all costs and they to talk about it at all costs and they don't un- until they're faced with it don't un- until they're faced with it and and that ends up creating a lot of and and that ends up creating a lot of challenges for them challenges for them and for their loved ones who are then and for their loved ones who are then caught trying to help make decisions, caught trying to help make decisions, sometimes having to make decisions on sometimes having to make decisions on their behalf their behalf if they can't.

if they can't. Um Um Um then there's the people who who really then there's the people who who really want to talk about it and they're want to talk about it and they're they're going to death cafes and they're they're going to death cafes and they're going to events where where the going to events where where the conversation is about planning for the conversation is about planning for the end of life and um end of life and um so so there are people who and and so so there are people who and and sometimes I'll meet people when I'm out sometimes I'll meet people when I'm out and about and they ask me what I do and and about and they ask me what I do and I and I share that I do palliative care I and I share that I do palliative care and end of life care and and end of life care and sometimes they get very excited about sometimes they get very excited about being able to talk with somebody who is being able to talk with somebody who is open to talking about it. So, there are open to talking about it. So, there are those those interesting individuals.

those those interesting individuals. Then there's a huge swath of people who Then there's a huge swath of people who they don't necessarily fear it, but they don't necessarily fear it, but they're not excited about it, but they they're not excited about it, but they they don't have the opportunity they don't have the opportunity or the sort of the inspiration to or the or the sort of the inspiration to or the safe space to have these conversations.

safe space to have these conversations.

From emergency medicine to palliative care

So, one of the things that I like to do So, one of the things that I like to do is create a safe space, to create an is create a safe space, to create an opportunity for people to to really opportunity for people to to really start thinking about what they need to start thinking about what they need to put in place to protect themselves, put in place to protect themselves, because the healthcare system because the healthcare system doesn't it have a mechanism really doesn't it have a mechanism really to do that. Most people don't make to do that. Most people don't make plans, they don't think about what they plans, they don't think about what they would or wouldn't want, they don't would or wouldn't want, they don't communicate what they would or wouldn't communicate what they would or wouldn't want to their loved ones. So, they they want to their loved ones. So, they they they kind of just get pushed along by they kind of just get pushed along by the healthcare system in its default the healthcare system in its default mode. And then that often mode. And then that often ends up creating a lot of a lot of angst ends up creating a lot of a lot of angst and a lot of regret. Yeah, I could I and a lot of regret. Yeah, I could I could definitely see that. So, you you could definitely see that. So, you you have 20 something 25 years, right, in have 20 something 25 years, right, in emergency?

emergency? emergency? >> 25, yeah. >> 25, yeah. And so, what did you keep seeing that And so, what did you keep seeing that you couldn't shake? I know I know I saw you couldn't shake? I know I know I saw a lot of things in

my career, so a lot of things in my career, so >> [laughter] >> [laughter] >> [laughter] >> what did you see that you just kind of >> what did you see that you just kind of just couldn't get out of your mind?

just couldn't get out of your mind? Well, Well, Well, one of the things that that that really one of the things that that that really over time became much over time became much I I noticed it early on, but I was I I noticed it early on, but I was I was young and and sort of didn't have I was young and and sort of didn't have a lot of perspective and I thought this a lot of perspective and I thought this is this is just the way it is and this is this is just the way it is and this is what I'm taught to do, so it's but it is what I'm taught to do, so it's but it it's we to to take people get people who it's we to to take people get people who come to the hospital who probably don't come to the hospital who probably don't have much of a chance of either have much of a chance of either surviving surviving surviving or surviving with any kind of meaning or surviving with any kind of meaning meaningful quality of life meaningful quality of life and just doing everything.

and just doing everything. You just you do everything you can to You just you do everything you can to resuscitate them, to get them resuscitate them, to get them stabilized, stabilized, stabilized, just so they don't so they don't die on just so they don't so they don't die on your watch or in your your watch or in your ER ER ER and and then they end up going to the and and then they end up going to the ICU or wherever and ICU or wherever and and a lot this is sometimes happening on and a lot this is sometimes happening on people who like they're they have people who like they're they have advanced dementia, they're extremely old advanced dementia, they're extremely old and frail and you just know that that and frail and you just know that that the the the the the the the chances of them having any kind of the chances of them having any kind of meaningful life beyond that is is meaningful life beyond that is is minimal.

minimal. minimal. Um Um Um but weren't in a position to to to do but weren't in a position to to to do anything other than anything other than what what you're taught and what the what what you're taught and what the system is has sort of done before. And system is has sort of done before. And so that was that that over time really so that was that that over time really became extremely became extremely hard for me. Yeah, you know, we you we hard for me. Yeah, you know, we you we share the same thing. That's the thing share the same thing. That's the thing that I saw that I couldn't take. I that I saw that I couldn't take. I watched us prolong life, you know, me watched us prolong life, you know, me including everybody else in the medical including everybody else in the medical career. It's all about longevity and I career.

Shifting from longevity to vitality

It's all about longevity and I think really that's why I focus so much think really that's why I focus so much on vitality because for me, my life is on vitality because for me, my life is not about longevity. Yes, I'd like to be not about longevity. Yes, I'd like to be here as long as possible, but only if I here as long as possible, but only if I have vitality. If I don't, I'm really have vitality. If I don't, I'm really ready to check out and that is clear.

ready to check out and that is clear. I've made that clear. I have all my I've made that clear. I have all my documents set up to reflect my wishes documents set up to reflect my wishes because if I'm you know, hobbling around because if I'm you know, hobbling around and I can you know, I'm barely and I can you know, I'm barely functional, I'm frail, I don't want to functional, I'm frail, I don't want to be here. So really, you know, I think we be here. So really, you know, I think we share the same opinion on that that it's share the same opinion on that that it's really not necessarily always about really not necessarily always about longevity, but in the conventional longevity, but in the conventional medical system, that's what we're medical system, that's what we're trained to look at.

trained to look at. Right. Right. Right. And there's it's there's some shifts And there's it's there's some shifts happening which is encouraging, but it's happening which is encouraging, but it's it's slow and but it takes it takes a it's slow and but it takes it takes a concerted effort and it takes people concerted effort and it takes people like myself and and others to to say, like myself and and others to to say, you know what? This is not the way this you know what? This is not the way this the way we've been doing it the way we've been doing it isn't working. We need we need to look isn't working. We need we need to look at a different way. But there's no at a different way. But there's no question that some of the the question that some of the the advances advances advances in in science and and health care have in in science and and health care have been phenomenal. And been

phenomenal. And we we can do things that we we couldn't we we can do things that we we couldn't have done 20 or 30 years ago in order to have done 20 or 30 years ago in order to not just extend life, but but extend not just extend life, but but extend like increase improve vitality. Mhm. So, like increase improve vitality. Mhm. So, I'm not suggesting that we should stop I'm not suggesting that we should stop trying to help people live longer.

trying to help people live longer. Agreed. Agreed. Agreed. >> But, we want to make sure that if if >> But, we want to make sure that if if we're extending we're extending life life life if we're extending life, we also want to if we're extending life, we also want to be able to extend the the period of of be able to extend the the period of of time in which people are healthy as time in which people are healthy as healthy as they can be. And help them healthy as they can be. And help them and and give people agency. Give them and and give people agency.

Planning, thresholds, and healthcare defaults

Give them agency to make decisions that are agency to make decisions that are aligned with their values and and help aligned with their values and and help make sure that they understand make sure that they understand what the default what the defaults are what the default what the defaults are in the health care system. Mhm.

in the health care system. Mhm. >> So, they so they don't fall into this >> So, they so they don't fall into this sort of abyss that many people fall into sort of abyss that many people fall into when things change.

when things change. 100%. 100%. 100%. >> a big part of what we're doing. >> a big part of what we're doing. And that's just very, very important And that's just very, very important work, actually. It really is because work, actually. It really is because with there are there's definitely with there are there's definitely there's always something missing in there's always something missing in every system. And this is something every system. And this is something that's really missing from ours. And that's really missing from ours. And you're right, it is getting better.

you're right, it is getting better. But, you know, and there are so many new But, you know, and there are so many new things to help improve vitality in things to help improve vitality in patients and improve their health over patients and improve their health over time. But, still at the end when you time. But, still at the end when you have somebody who's extremely frail, have somebody who's extremely frail, maybe doesn't really want to be here, maybe doesn't really want to be here, they're suffering in some way, then we they're suffering in some way, then we really have to consider different really have to consider different options. And I think it sounds like options. And I think it sounds like you're looking at all of those things you're looking at all of those things and helping people put together a plan and helping people put together a plan for them.

for them. Yeah, I do a lot of I do a lot of Yeah, I do a lot of I do a lot of planning and and I and I think the planning and and I and I think the the the key is clarity. It's helping the the key is clarity. It's helping people people people develop clarity develop clarity about what's most important to them, about what's most important to them, what they would or wouldn't want depend what they would or wouldn't want depend depending on this the circumstances that depending on this the circumstances that they may find themselves in, they may find themselves in, and then and then document in a very meaningful way Mhm.

document in a very meaningful way Mhm. what's what what their thresholds are. what's what what their thresholds are. You just you just shared with me what You just you just shared with me what you know, your thresholds are. You don't you know, your thresholds are. You don't want to be hobbling around. You don't want to be hobbling around. You don't want to be having to will carry having want to be having to will carry having to care for you and and have this have to care for you and and have this have when you don't have vitality.

when you don't have vitality. And And And when if if you're able to when if if you're able to tell people what you want, if you retain tell people what you want, if you retain decision-making capacity and and you decision-making capacity and and you haven't started losing that your haven't started losing that your cognitive abilities, then you can decide cognitive abilities, then you can decide for yourself Right.

for yourself Right. >> what what you're willing to do and what >> what what you're willing to do and what you're not willing to do. you're not willing to do.

Unfortunately, a lot of time people lose Unfortunately, a lot of time people lose that ability Mhm. and if they haven't that ability Mhm. and if they haven't given given given clear information to their healthcare clear information to their healthcare agents, hot power of attorney, loved agents, hot power of attorney, loved ones, then it it creates a lot of um ones, then it it creates a lot of um a lot of potential conflict and things a lot of potential conflict and things the the the the health the system will the the the the health the system will default into default into generally two different directions. One generally two different directions. One is to do too much is to do too much and they will push and give keep people and they will push and give keep people on this sort of conveyor belt of care on this sort of conveyor belt of care and treatment and or it is or they say and treatment and or it is or they say move over to this way, just go for move over to this way, just go for comfort care. Mhm.

comfort care. Mhm. >> And go on hospice and don't do any more >> And go on hospice and don't do any more treatment and don't you know, have have treatment and don't you know, have have access to any of that other care.

access to any of that other care. And neither of those is necessarily And neither of those is necessarily wrong, but neither of those is wrong, but neither of those is necessarily right Right.

necessarily right Right. >> individual at that time. So so >> individual at that time.

California's End of Life Option Act

So so understanding what what's most understanding what what's most important, what your values are, what important, what your values are, what you would or wouldn't want, what your you would or wouldn't want, what your thresholds are, thresholds are, documenting them and communicating with documenting them and communicating with your loved ones your loved ones is and making sure they're okay with it.

is and making sure they're okay with it. Making sure that they're okay making Making sure that they're okay making those decisions on your behalf. those decisions on your behalf.

That's when you And And that only comes That's when you And And that only comes into play if you don't have the ability into play if you don't have the ability to make decisions for yourself.

to make decisions for yourself. Most of my patients that I take care of Most of my patients that I take care of now have the ability to to make their now have the ability to to make their own decisions. And a lot of them are own decisions. And a lot of them are choosing not to extend their life.

choosing not to extend their life. And I think as we shared as I shared And I think as we shared as I shared with you, with you, California California California in 2016 in 2016 passed the End of Life Option Act, which passed the End of Life Option Act, which allows adults that have that are keep allows adults that have that are keep have decision-making capacity have decision-making capacity and a terminal illness with a life and a terminal illness with a life expectancy of less than 6 months, they expectancy of less than 6 months, they can go through a legal process to get can go through a legal process to get medication medication medication that if they choose to take it will let that if they choose to take it will let them go to sleep within a few minutes them go to sleep within a few minutes and die peacefully within a few hours.

and die peacefully within a few hours. So, So, So, it's called people refer to as death it's called people refer to as death with dignity. It's been legal in Oregon with dignity. It's been legal in Oregon for 25 years in California for 10 years.

for 25 years in California for 10 years. 75% of people in California 75% of people in California still don't know that that's legal. still don't know that that's legal. Wow.

Wow. Wow. Yeah. Well, I didn't know, so Yeah. Well, I didn't know, so [clears throat] that's nice that now [clears throat] that's nice that now hopefully there we're going to have more hopefully there we're going to have more awareness around that. Yeah. And so, awareness around that. Yeah. And so, that's one of the services that we

that's one of the services that we provide for people who are terminally provide for people who are terminally ill. And And sometimes they want to go ill. And And sometimes they want to go through that process through that process just so they have access to something if just so they have access to something if they need it. They're not all they need it. They're not all necessarily ready to check out, but they necessarily ready to check out, but they want the peace of mind of knowing want the peace of mind of knowing Like today I just went to see a Like today I just went to see a gentleman who with ALS who has, you gentleman who with ALS who has, you know, lost the ability to use almost know, lost the ability to use almost every part of his body except a finger.

every part of his body except a finger. And um And um requiring support with breathing and requiring support with breathing and feeding tube and all of that. And he feeding tube and all of that.

Death with dignity and patient choice

And he knows that at a certain point things are knows that at a certain point things are going to get to the point where either going to get to the point where either he needs to be on a breathing machine he needs to be on a breathing machine for the rest of his life or for the rest of his life or he'll you know, have a a a a he'll you know, have a a a a unpleasant death. Mhm. So, he wants to unpleasant death. Mhm. So, he wants to have the the peace of mind of knowing have the the peace of mind of knowing that if he gets to that point, he has that if he gets to that point, he has the ability to just go to sleep. Yeah.

the ability to just go to sleep. Yeah. >> And >> And >> And and kind of do it on his terms, have and kind of do it on his terms, have agency and dignity.

agency and dignity. Um Um Um And there's a whole host of reasons why And there's a whole host of reasons why people might approach that. Yeah. But we people might approach that. Yeah. But we also also also have people who have people who you know, they're not looking at that.

you know, they're not looking at that. They're looking at how just how do I They're looking at how just how do I have have have the most gentle, dignified, peaceful the most gentle, dignified, peaceful end-of-life end-of-life end-of-life experience.

experience. experience. And what do I need to put in place and And what do I need to put in place and who can help me to to experience that? who can help me to to experience that?

Turns out most people aren't afraid of Turns out most people aren't afraid of death. death. death. Most people are afraid of dying. Most people are afraid of dying.

You know, that is You know, that is That was exactly what I was sitting here That was exactly what I was sitting here thinking because that's really my fear thinking because that's really my fear of dying in some uncomfortable way. The of dying in some uncomfortable way. The death doesn't I mean, we all know. None death doesn't I mean, we all know. None of us make it out of here alive. So, we of us make it out of here alive. So, we all know it's inevitable. But you're all know it's inevitable. But you're right, it's the process of dying that is right, it's the process of dying that is fearful. It could be so uncomfortable, fearful. It could be so uncomfortable, so unpleasant, so so unpleasant, so hard for our family members to watch and hard for our family members to watch and be around. And I recently had an be around. And I recently had an experience with that, and it was very experience with that, and it was very difficult. So, I think that if we can difficult. So, I think that if we can make it pleasant, it really doesn't have make it pleasant, it really doesn't have to be as scary and as difficult as it to be as scary and as difficult as it can be. You know, there are options now, can be. You know, there are options now, which I think is so so much of why I which I think is so so much of why I wanted to bring some of these wanted to bring some of these you know, these thoughts and this you know, these thoughts and this information to light as much as information to light as much as possible. I feel like the more awareness possible. I feel like the more awareness that everybody has around it, it's that everybody has around it, it's important, very very important. So, important, very very important. So, we're going to continue the we're going to continue the conversation. So, this is you know, conversation. So, this is you know, there's a public-facing episode, but there's a public-facing episode, but we're going to go deeper into the story, we're going to go deeper into the story, Dr. Bob and I, because your last name is Dr. Bob and I,

because your last name is longer than mine. So, I'm just going to longer than mine. So, I'm just going to call you Dr. Bob.

call you Dr. Bob. >> [laughter] >> We're going to go So, I'm going to put >> We're going to go So, I'm going to put up the link to the private community.

up the link to the private community. So, this is how you can join so you can So, this is how you can join so you can see the remainder of the episode because see the remainder of the episode because certain things just really don't belong certain things just really don't belong on social media and in my opinion most on social media and in my opinion most of the conversations I have don't really of the conversations I have don't really belong there. So, you're welcome to join belong there. So, you're welcome to join the private community and we will see the private community and we will see you.