Go Wish: A Game for Life

Most of us remember playing Go Fish as kids. It was a very simple game, asking for cards of a particular rank from your opponent, and drawing another card and adding it to your hand if they didn’t have the card you asked for. You’d make “books” of four cards and you’d win if you got rid of all your cards.

There’s a new card game out now as baby boomers have starting hitting 65. It’s called “Go Wish™.”

The game of Go Wish is 35 cards with very simple descriptions of what may matter the most when we’re seriously ill or at the end of our lives. The purpose of the game is to focus on deciding what’s important so that those who have to make decisions for us will know what our wishes are. The simplicity of the cards is designed to help people with short attention spans and limited literacy skills.

The game was developed by a group called Coda Alliance to further their purpose – helping individuals and their families plan and prepare for the concluding passages of life. The organization focuses on promoting discussions on values and goals with family, health care agents, and health care providers. Note that this is not about planning death but about preparing for the last stages of life. Interestingly, the development of the game was funded by Kaiser Permanente, a large health care organization which has some of the best statistics and research available on health care.

This is a time when there are both external and internal manifestations of age for me. Last year I hit the magic 65 and became eligible for Medicare. Not only am I no longer carded when I buy a bottle of wine, I don’t have to show my ID to get senior prices anywhere. I try to convince myself that the young people who don’t require my ID are just being nice and that I really don’t look as though I could be eligible for senior discounts. I’d love to get carded! I get Social Security, I have a Senior Pass for National Parks (the best deal out there), I am an AARP member, and I shop at the Rutland Coop and the Park Street bread store on Wednesdays to get senior discounts. All of these testify that not only am I not getting younger, I am officially in the category of senior citizen. The only future age-related milestones I can think of are reaching age 70 ½, when the tax code peculiarly
requires that I start taking minimum distributions from my retirement plans and hitting age 72, when I’ll no longer have to take off my shoes at TSA checkpoints. As to the internal manifestations, I have more aches and pains, have to wear glasses for reading, lose things more often, and seem to take longer to do things, but I still don’t think of myself as being as old as all the external evidence suggests. However, I know that every year I live is a year closer to the end of life.

Okay, now for the card game itself. Go Wish Solitaire is played with 36 cards. 35 have statements of what may be important to an individual in the event of serious illness or incapacity. There is a 36th card, my favorite – the Wild Card. After reading through the cards, the instructions suggest the player divide the cards into three piles: very important, somewhat important, and not important. The Wild Card can be used for a wish that’s not printed on another card. After the cards are sorted into three piles, you count the very important pile. If it has ten cards or fewer, you can take a card from the somewhat important pile. If you have more, you have to decide what’s most important. You can discuss what’s in each pile with your family or health care agent to explain why things are important or not. You can also play the game with a partner or someone who is or might become your health care agent, having them try to match what your wishes are.

Now for the cards in the order they come out of the pack. I suggest that you actually **count** the number of those that strike you as very important while I read through them.
To be free from pain
To be free from anxiety
Not being short of breath
To be kept clean
To have human touch
To have my financial affairs in order
To have my family prepared for my death
To die at home
To know how my body will change
To feel that my life is complete
To say goodbye to important people in my life
To remember personal accomplishments
To take care of unfinished business with family and friends
To prevent arguments by making sure my family knows what I want
To have an advocate who knows my values and priorities
To be treated the way I want
To maintain my dignity
To keep my sense of humor
To have a doctor who knows me as a whole person
To have close friends near
Not dying alone
To have someone who will listen to me
To trust my doctor
To have a nurse I feel comfortable with
To be mentally aware
To have my funeral arrangements made
Not being a burden to my family
To be able to help others
To be at peace with God
To pray
Not being connected to machines
To be able to talk about what scares me
To meet with clergy or a chaplain
To be able to talk about what death means
To have my family with me
Wild Card
I suspect that most but not all of you have picked more than ten wishes that are important to you. How many had ten or fewer? Now you may see that prioritizing may not be easy.

Remember, you have only one Wild Card. I’m trying to decide if I want to have this card for being able to read, enjoying music, or taking pleasure in food.

Keep in mind you can game the game by taking care of those wishes you can while you’re at least relatively well. These include having an advocate who knows your values and priorities, which is the purpose of the game. You can choose a doctor who knows you as a whole person, you can have your financial affairs in order, you can make sure your family knows what you want, you can take care of unfinished business with family and friends.

Shortly after I played the game of Go Wish™ the first time, I came across my parents’ advance medical directives, three pages of detailed, typed, single-spaced instructions to me, my siblings, and my parents’ doctors, nurses, and hospitals. My parents were each health care professionals, and their directives reflect special knowledge of the range of medical treatment options available and their well justified fear that medical science could prolong their lives beyond the point where they had an acceptable quality of life. Their directives included the use of a term I hadn’t come across before. They gave a special place of consideration to my Uncle Bob, a thanatologist. I had to look that up and found that thanatology is a field of academic study incorporating medical and spiritual aspects of death. My uncle had been a physician, an ordained lay minister, and medical director of a hospice. Thanatology is associated with palliative care, which is central to hospice, and focuses on the quality of life in life-threatening illness. Palliative care is widely associated with patient pain control but also includes dealing with psychological and spiritual aspects of dying as well as dealing with the needs of the patient’s family. I believe that thanatology will become more popular field, both through its development as a field on its own and hopefully as medical personnel focus more on the whole person and as those devoted to the counseling of dying patients gain more scientific knowledge.

Along with my parents’ directives I found a two-year old unsigned form of my own health care directives. I decided to start over again and went to the source of
the form, the Vermont Ethics Network, a website which “contains information and resources on advance directives, health care decision making, and current topics related to health care ethics, end-of-life care, palliative care and pain management.” The network makes available a long and a short form for the directives. I had started out with the short form and changed to and have finished, using the long form. Completing the long form took a good deal of time, especially the decisions on situations where I would authorize my health care agent to act in a manner that is consistent with my directives but not the wishes I may express at the time. I have filed the directives with the Vermont Registry, carry the registry card in my wallet, and will be prompted to update my directives once a year by the registry.

The Ethics Network website includes a Patient Values Questionnaire, an exercise similar to Go Wish yet less specific and directed. Questions include:

- What do you value most in life?
- How do you feel about death and dying? Do you fear dying?
- Do you believe life should be preserved as long as possible?
- Would your approach to accepting or rejecting care depend on how old you were at the time of treatment?
- Should financial considerations influence decisions about your medical care?
- What other beliefs do you hold that should be considered by those making medical care decisions for you if you become unable to speak for yourself?

The site also provides forms to register your directives and for a physician to sign for “Do Not Resuscitate” and “Clinician Orders for Life Sustaining Treatments”. There is a growing change to refer to Do Not Resuscitate as Allow Natural Death. Prior to 2006, no scientific papers were written on this change, and the first research published supported the conclusion that using the phrase Allow Natural Death was viewed less negatively and led to more appropriate decisions about end-of-life care.

There’s another approach to developing your wishes for living at the end of your life called Five Wishes, created by an organization called Aging with Dignity.

- **Wish 1: The Person I Want to Make Care Decisions for Me When I Can't**
- **Wish 2: The Kind of Medical Treatment I Want or Don't Want**
Completion of the first two of the Five Wishes (the person I want to make care decisions for me when I can’t and the kind of medical treatment I want or don’t want) constitute an Advance Directive that is acceptable in 42 states, including Vermont. Naming the person I want to make care decisions for me is designating a health care agent, and the kind of medical treatment I want or don’t want is the living will portion of the advance directives. The other three wishes deal with broader issues of what is important in how one wishes to live.

I reviewed my Vermont Advance Directive for Health Care and the forms for DNR and COLST with my primary care physician and had a wonderful conversation. The type of discussion we had is one that I believe should be a normal part of health care, and having that on becoming eligible for Medicare makes sense to me. Unfortunately, in the health care reform debate having this discussion was viewed by some as fostering “death panels.” For me, it is about important life choices for health care and not about death.

A recent column by Jane Brody for the New York Times was entitled “Laws on end-of-life care rankle some doctors.” New York State has a new Palliative Care Information Act that requires health care practitioners to offer information on palliative care and end-of-life counseling when a patient has a terminal illness or condition. Some physicians have objected to this law as interference with how they choose to treat their patients. Brody claims that doctors are notorious death-deniers, reluctant to accept that further treatment of disease will be futile. Referral to hospice in a timely fashion has been shown to lead to longer and better life expectancies than last-ditch treatment efforts. Still, the average length of time in hospice care is only 20 days.

Brody’s point is that the range of choice between palliative care or aggressive treatment should be an informed choice determined by the patient in consultation with a physician. She states that many physicians believe that raising the subject of palliative care will take hope from terminally ill patients. My belief is that failing to be honest and complete about the options for treatment, including only palliative care, violates the Hippocratic Oath, which contains the injunction to “never do harm.”
In part as a result of my consideration of the Go Wish™ questions raised, I have taken the necessary steps to donate my body to the University of Vermont College of Medicine for use in their anatomy course. It’s a terrific deal – UVM handles logistics and costs for transportation of the body and cremation of the remains and either returns the ashes to a family member or buries them in Greenmount Cemetery in Burlington. The letter of acknowledgement had some terrific language from the Department of Anatomy and Neurobiology Chair:

“At this time we wish to pay tribute to your courage and foresight, manifested by this bequest. Such a gift benefits not only our College of Medicine but the cause of medical education and the welfare of humanity as well.” My dad would be proud to know that a member of the family is following in his footsteps and will be admitted to the UVM med school!

After choosing to be buried in Greenmount Cemetery, I was given the opportunity to write some words to be read at the ceremony held by the students who have used my cadaver in their anatomy class.

The important question raised by the game of Go Wish™ is what matters at the end of life, what are our priorities for living at that time. Whether we play the game or deal with the question of our values for living in other ways, I believe that there is significant comfort and peace available from having addressed the issues in a thoughtful, straightforward way and sharing our hopes and desires with those closest to us. With decision-making and the completion of advance health care directives comes control.

I played Go Wish™, completed and registered my advance directives and made my anatomical donation not because I want to dwell on my death but because I wish to have the greatest control over the end of my life.