

MARBLE VALLEY HEALTHWORKS

Personalized Medical Practice

Bruce Bullock, MD * Seth Coombs, MD
Suzanne Jones, PA-C

8 Commons Street, Rutland, VT 05701
(802) 770-1805

Visit us on the web:

www.YourHealthYourDoctor.com



ADVANCED DIRECTIVES

Few of us spend much time thinking about death, much less talking about it. If we take a moment to think of our own death, chances are we're hoping for a peaceful passing in our own home. If we're really lucky, we'll be surrounded by morning sunlight, birds singing and family close by.

Sadly, for most of us death will be very different. In fact, most Americans will spend time in the hospital during the last days and weeks of their lives. Many will die there in settings a far cry from the comforting scenario we like to imagine. As people get sicker, more and more desperate measures are used to save them. This is the standard of care in American hospitals where "doing more" is the default position for the medical profession.

In the case of a sudden catastrophic injury or illness, hospitalization is inevitable and there's often little time for planning. But most deaths come gradually, after stepwise declines. That means most of us have time to consider options other than reflexive trips to the emergency room and a hospital death we may not want. The trick is to be prepared.

Preparing an advance directive is step one. This document helps people understand your preferences related to medical care at the end of life. It makes it possible for people to receive the care they want after they can no longer direct their own care. There are two basic parts: 1. Choosing an "agent" to take over the decision-making role when one loses that ability. 2. Informing the agent and medical providers of the preferences for care as one becomes more frail. End of life decisions can seem complicated, but the principles involved in making an advance directive are fairly straight-forward.

We've all been faced with the dilemma of deciding how much money or time to spend on an aging car. As a car gets older, it makes less sense to spend big dollars on repairs. Why spend money to replace the transmission when the engine is likely to go soon? Something similar happens with our healthcare decisions. But these choices are obviously more emotional and complicated.

A young, healthy person would likely choose to undergo a very taxing procedure, like an organ transplant, because the potential benefit (many years of a near normal life) would outweigh the cost and discomfort of having it done. The same could not be said for a 90 year old: her health is less robust to begin with, and she's near the end of her lifespan. She's therefore more likely to have complication, or not even survive the procedure, and will not live as long even if she does. In general, the older or frailer one is, the less one is likely to benefit from any sort of medical intervention. Though it's hard for many of us to imagine, for the very frail just waking up and living the next day can be exhausting. At that point, even a minor intervention like taking more medicine might be more than one cares to do.

Because we age differently and have unique expectations and tolerances, preferences about how we live at the end of our lives varies widely from person to person, even within families. It's common to think that families will automatically know what choices to make when a loved one becomes ill and unable to make their own decisions. Unfortunately, families often agonize and argue over these decisions, and feel wracked by guilt that they made a wrong decision.

Making an advance directive will give you and your loved ones the peace of mind that your wishes will be understood and followed as much as possible, even if you lose the ability to express yourself. While it might seem daunting, learning about advance directives and sharing your thoughts with loved ones is manageable when given enough time and patience. My family set aside time during a family reunion, when everyone was relaxed and happy. It was uncomfortable to start with, but it was clear that everyone had thought about it and had already made some decisions. Two years later, it came in very handy when my father-in-law had a fatal stroke. His advance directive didn't save his life, but it did save my wife and her family from a lifetime of doubt.

...continue – on back....

COLOGUARD FOR COLORECTAL CANCER SCREENING

Colorectal cancer is the second leading cause of cancer death. Most colorectal cancers arise from adenomatous polyps that progress from small to larger polyps and then to cancer. The progression from adenoma to cancer is believed to take approximately 10 years. A colonoscopy is the gold standard for detecting colorectal cancer. When a colonoscopy is done, polyps can be removed thereby preventing the transition from a polyp to colorectal cancer. Some patients either elect not to have a colonoscopy or have a medical condition that prevents them from having a colonoscopy. For those patients, Cologuard is a non-invasive alternative.

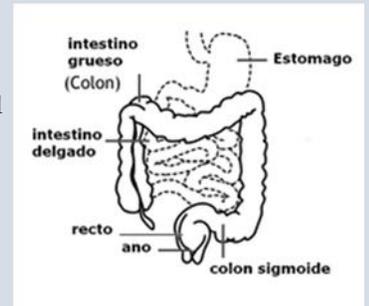
Cologuard is an FDA approved test used to screen for colon cancer in patients aged 50 to 75 who are at average risk for colon cancer. The basis of this test are that colorectal cancers and some polyps can shed DNA in the stool. Cologuard can detect both stool DNA markers that are associated with colon cancer and hemoglobin which can be associated with bleeding. If a positive result is found, a colonoscopy should follow to confirm the presence of a polyp and treat it as needed.

Cologuard is very convenient and is done in the privacy of your home. There are no bowel preparations or dietary restrictions prior to completing the test. The kit arrives by UPS to your door and the packaging and instructions are simple and straight forward. To complete the test, you will need to provide a stool sample. Once complete, the package can simply be dropped at a UPS facility with the prepaid shipping label. The lab sends our office the results approximately 2 weeks later.

While this test has a high specificity and sensitivity, there are always possibilities for false positives and false negatives. This means that a positive test could lead to a colonoscopy which ends up being normal. Conversely, a negative result does not mean 100 % that no cancer is present.

At the current time, the only insurance that covers Cologuard is Medicare. The suggested interval for testing is every 3 years. If you are interested in more information, please ask us. We also have a sample kit in the office we would be happy to show you.

SSJ, Jan 2016



ADVANCED DIRECTIVES

...continue – from front...

We hope you'll consider creating your own advance directive. Some things to keep in mind:

1. There is no right or wrong – just what's right for you.
2. Advance directives aren't written in stone. You can change your mind. In fact, it's recommended to update your directive every 5-10 years, or as your circumstances change.
3. None of us get out of here alive, and few of us do it quickly. Chances are it will come up, and it will happen suddenly.

We are happy to help you along the way, either by phone or appointment. Call us when you're ready, or if you have questions. Here are some links to help you get started.

Last Rights, by Stephen Kiernan, St. Martin's Press

Being Mortal, by Atul Gawande, Metropolitan Books

Vermont Ethics Network website: <http://www.vtethicsnetwork.org>

<http://www.vtethicsnetwork.org/patientvaluesquestionnaire.html>

http://www.vtethicsnetwork.org/forms/advance_directive_short_form.pdf

http://www.vtethicsnetwork.org/forms/advance_directive_long_form.pdf

Have you joined our Patient Portal?

The Patient Portal is our secure e-mail communication tool.

Using the Patient Portal is a great way to view your patient information, labs, vitals, and appointments as well as the option to communicate with the office and your provider. If you've signed-up, we hope you have enjoyed its benefits. If not, sign up today to start enjoying all the benefits of quick access to your records and your medical team!

Please contact our office today to enroll!

(802) 770-1805



In effort to improve your communication with our office, we ask that you contact us using the following number only:

(802) 770-1805

For all your needs:

Scheduling * Prescription Refills *
Medical questions * Billing questions



BRUCE BULLOCK, MD * SETH COOMBS, MD * SUZANNE JONES, PA-C

We've updated our website! Please check it out:

www.YourHealthYourDoctor.com

(a link to the Patient Portal is on the website)