

With medical tests and treatments for older adults, often less is more

Carol Bradley Bursack advises asking what the person's goals of care are as they age



By Carol Bradley Bursack
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Column signature by Troy Becker

Dear Carol: I'm upset because my dad, age 84, is refusing a colonoscopy even though he's had some blood in his stools. He says it's hemorrhoids, but I think he needs to get a colonoscopy to find out for sure. He says that even if it's colon cancer, he's not willing to undergo surgery, chemotherapy and/or radiation to treat it. I was sure his doctor, who has a lot of experience with older adults, would argue for this testing, but that's not happening. He did mention a new camera test, but I don't think that's good enough. Is this just to save the system money? Older adults deserve the best! How can I get Dad to agree and convince the doctor to do tests? Doesn't his life matter? – PE

Dear PE: It's obvious that you love your dad and don't want to lose him. You're a good advocate. With that in mind, it's important for you to ask your dad about his goals of care as he continues to age. Much as you want to help him, it sounds like there's a disconnect between what he wants and what you think is best for him.

I believe the doctor is taking your dad's stated wishes into consideration, which is a good sign.

Two things that need to be considered as people age:

- **The risk vs. the benefit of the testing:** Colonoscopies save lives, yet they come with risks, a perforated colon being the most common. As people age, their tissues get thinner, less resilient and more prone to injury, so colonoscopies carry an increased risk for older adults. If injury does occur, they heal less efficiently. Additionally, even light sedation carries more risk than for younger people.

- **Quality of life during and after treatment:** At 84, your dad may not fully heal from an injury. His other health conditions also figure in, as does the loss of quality of life he'd have during treatments, and possibly for the rest of his life. This is where personal choice and goals of care matter. He has the right to decide on medical care that will impact his future.

It's time for you and your dad to have an in-depth talk about his goals of care for his last years. What kinds of tests is he willing to endure? What kinds of treatment are okay with him? What would trigger his desire to stop curative care and opt for comfort care through hospice? Knowing how he feels about these issues will help you as much as your dad. You don't want him to suffer needlessly, yet you want him with you as long as possible. Communication can help you reach that goal.

Websites that can help:

- [Conversation Project](#) for planning purposes
- I'd advise him to set up a [POLST](#) with the help of his doctor.

Yes, older adults do deserve the best, PE. It's just that the best for them might look different than you thought. Your dad's lucky to have such a loving, dedicated caregiver.

FROM DEL: I faced a minor part of this type of situation with my step-dad, who had full scale Alzheimers. He could not communicate. He had Skin Cancer on his ear. The doctor wanted to do biopsies on it and started out with just a small slice. Three times he took pieces after studying the samples under the microscope. Then I saw my dad start wincing and rubbing his ear. The doctor came back for a fourth sample and I said no. The doctor warned it could worse. He didn't understand and was in pain. Would it give him an additional year or two? I did not share this with my mother, but did with my siblings. This is what I call a heart decision.