

# WHY ARE ECONOMICALLY DISADVANTAGED AMERICANS LESS LIKELY THAN WEALTHIER PERSONS TO MAKE PREPARATIONS FOR THEIR END-OF-LIFE HEALTH CARE?

JOURNAL of HEALTH  
and SOCIAL BEHAVIOR

JHSB Policy Brief

Deborah Carr<sup>1</sup>

## RESEARCH PROBLEM & DATA

Dying older adults may receive unwanted, futile, and costly medical interventions that cause distress for them and their families. As a way to take control over treatments received at the end of life, older adults often do advance care planning, which comprises a living will and durable power of attorney for health care appointment. These documents formally convey one's treatment preferences, in the event one is incapacitated. However, persons with fewer economic resources are less likely to do advance care planning, and may receive medical treatments that are unwanted, or may be spared treatments they would have desired.

This study used data from the Wisconsin Longitudinal Study (n = 4971), a long-term study of men and women now ages 64–65 in 2004. The author evaluated whether four aspects of socioeconomic status (SES) – education, wealth, occupational status, and home ownership – affected three aspects of health-related planning (living will, durable power of attorney for health care appointment, informal discussions) and one type of financial planning (signed and witnessed will). This study further examined whether SES differences persisted net of sociodemographic characteristics and psychological characteristics, health, and one's experiences with significant others' deaths. The author also examined the correlates of four planning profiles: health only, financial only, both, and no planning.

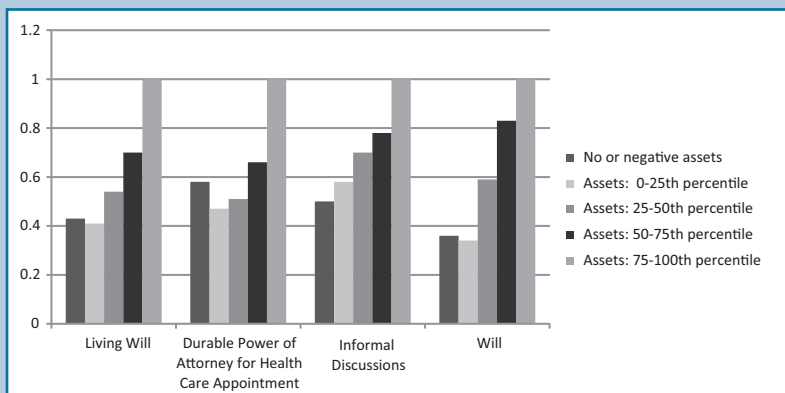
## KEY FINDINGS

- Persons with no or few assets are roughly half as likely as wealthier persons to do advance care planning. This pattern is largely accounted for by the fact that poorer people have few financial assets to protect, and are less likely to write a will – an action that may prompt health-related planning.
- Recently hospitalized persons do health planning only, whereas homeowners and those with richer assets do financial planning only. The most advantaged engage in the two-pronged approach, while the least advantaged do no planning.
- Psychological factors including death anxiety and acquiescence to physician opinion impede while conscientiousness fosters advance care planning.

## POLICY IMPLICATIONS

Economically disadvantaged persons are less likely to do advance care planning, and thus may receive care discrepant with their preferences. One way to promote advance care planning is to revitalize the original Patient Protection and Affordable Care Act proposal to include one voluntary advance care planning session as an option included in the annual wellness visit for Medicare beneficiaries. This benefit would give all older adults the opportunity to discuss their treatment preferences with a health care provider. However, political uproar regarding (unsubstantiated) fear of “death panels” contributed to President Barack Obama's deletion of the proposed benefit from the Patient Protection and Affordable Care Act. This simple and relatively low-cost aspect of the proposed health care reform is one step toward ensuring a better quality death for older adults, and reduced Medicare expenditures for end-of-life care.

Odds of End-of-Life Planning, by Wealth Level, Adjusted for Sociodemographic and Psychological Characteristics and Health Status



JHSB Policy Brief 53(3), September 2012. DOI: 10.1177/0022146512457153.

Carr, Deborah. 2012. "The Social Stratification of Older Adults' Preparations for End-of-Life Health Care." *Journal of Health and Social Behavior* 53(3):297–312.

For full text of paper go to: <http://www.asanet.org/journals/jhsb/>

<sup>1</sup>Rutgers University, New Brunswick, NJ, USA