

## **Terminally ill get advice**



### **Methodist offers financial planning for its patients during period of greatest stress**

**By PURVA PATEL**  
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Two years ago a 41-year-old single mother checked into Methodist Hospital. Diagnosed with a terminal disease, she was told she had only weeks to live. She hadn't made a will or made arrangements for her children's care after her death.

"This is not an unusual situation," said Dr. Marcia Levetown, director of the hospital's Palliative Care Institute. "That's when we decided that between dependent issues and financial issues, we needed to step in and do something."

About 900 people die at the hospital each year, many with no financial plans in place, Levetown said. Without a plan, the patients' families can be left financially devastated.

Levetown worked with the Houston Financial Planning Association to put together a program that will help patients who have less than a year to live sort out their finances. The hospital taps six financial planners to provide pro bono services for terminal patients.

Many hospitals with palliative care, which treats symptoms to relieve pain for those with incurable conditions, usually have social workers who refer patients to community groups for help. But it's rare for hospitals to provide such direct services, said Jon Radulovic, spokesman for the National Hospice and Palliative Care Organization.

The program is in line with the mission of palliative care, he said, which tries to treat the whole person and alleviate all kinds of pain, whether physical or mental, or in this case, financial.

"Over a third of families of seriously ill patients are nearly bankrupted by the costs of caring for their loved ones in spite of medical insurance coverage," said Dr. Diane Meter, director of the Center to Advance Palliative Care. "Sophisticated financial planning and advice is urgently needed to help these patients live with the illness while sustaining the health and well-being of the rest the family."

Methodist may be the first major hospital in the area to offer such a service. The University of Texas M.D. Anderson Cancer Center has considered exploring the concept, said Kay Swint, the clinical administrator of palliative care.

"I think it's an interesting idea," she said. "Certainly patients who are cancer patients in general will have disruptions in their work, and finances will be a concern for a considerable number of patients."

Planners who participate spend about an hour and a half consulting with patients on things they should consider getting done quickly.

Some people may not have wills stating who will take care of their children or may not have updated documents to ensure that insurance funds and other assets land in the right hands.

Many haven't assigned a power of attorney to someone who can make financial decisions after their death. The person could, for example, pay bills or sell investments on the patient's behalf. Without a power of attorney, a deceased patient's family may have to go to court for permission before making any transactions. ***Correction by Chronicle Reporter on July 3, 2004 Someone assigned power of attorney can handle financial transactions for another when that person is too ill to do so, but all durable powers of attorney end when the incapacitated person dies. A story on Page C1 of Friday's Business section incorrectly stated the power continues after death.***

It's not just older or wealthy people who need to do such estate planning, experts say. When people die without wills or trusts, the state effectively writes wills for them and decides where money and other assets should go.

"This is something a lot of people don't think about till it starts to get close to home," said Les Vicain, president of the Houston chapter of FPA. "There's tons of details. And people are in such stress, it's hard for them to get their hands around some of this stuff."

Vicain said he tries to get patients thinking about what they need to get done and can refer them to other people who may be able to help them. The volunteer planners are not allowed to start any kind of action themselves or sell the patients any products, so the meeting stays informational.

If the pilot program, which has been in place for a year, goes well, Vicain said he may open it up to all local FPA members. But the program has had a slow start, which Levettown attributes to the hospital staff being unaware of it or unwilling to broach the subject with patients.

"In society at large, we don't talk about sex and we don't talk about money, and perhaps not politics. In medical circles, we've gotten over the body thing, but the money thing is still difficult

for a lot of people," she said. "It feels invasive, which is why we're having trouble getting people to make referrals."

But the patients who have been approached have been receptive and grateful, she said.

"The high frequency of financial devastation after a death is an unnecessary evil," she said. "My goal is to prevent those types of preventable sufferings from happening."

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