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## OPINION

# LET'S REFOCUS MEDICINE TO QUALITY OF LIFE

FAMILIES SHOULD TALK ABOUT  
IT, WRITES NADIA ALAM



NADIA  
ALAM  
Column

All life comes to an end.

As a family doctor who provides palliative care, I'm acutely aware of that fact.

Having cared for patients who are frail and elderly, I'm also aware that we are living longer than ever before. Many of us are living well into our 80s and 90s. Medicine can do a lot to prolong life. But it doesn't always mean that we should. More is not always better.

As a society, we must be able to talk about not just what a good life looks like, but what a good death looks like.

I'm not just talking about medical assistance in dying. I'm talking about when to stop life-prolonging treatment. When to refocus medicine on quality of life, not quantity.

None of us knows when our time will come. But when life-threatening illness strikes, we have a choice: investigate and try and treat it, or focus our attention on comfort and time with loved ones while

nature takes its course?

This is an important consideration at any and all stages of our lives. In fact, my husband and I have had conversations around advance care planning.

It becomes especially significant the older we grow. Each illness takes its toll. Each illness impacts overall quality of life.

Patients do not return to what they were before their illnesses.

I had the privilege of caring for a patient who took the time to talk to his family about his life - and his death. This doesn't always happen. And it should. I encourage you all to talk to your family and help them understand the kind of life you want to live, the extent of aggressive treatment that you want, and what a good death means for you.

In fact, when my patient became suddenly unresponsive, his daughters could speak up for him. After we discussed all the options, they told me that he would not want more done.

Had I automatically sent him to the Emergency Department, he would have endured IVs, blood draws, chest x-rays, CT scans and other tests.

Instead, he chose to stop. We focused on keeping him comfortable and pain-free. Giving him the dignified death that he wanted. This is what a good death looks like.

Like I said, there is a lot that medicine can do nowadays. What that means needs due consideration by you and your family.

For those looking for more guidance, check out [www.advancecareplanning.ca](http://www.advancecareplanning.ca).

*Nadia Alam is a Georgetown physician and past president of the Ontario Medical Association. Her columns also appear on [www.medium.com/@docsch-madia](http://www.medium.com/@docsch-madia). She can be reached at [nadia.alam@oma.org](mailto:nadia.alam@oma.org).*



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