

"LEAVING A LEGACY"

Proposal for a new, opt-in HEALTH INSURANCE Group for substantial cost savings and emotional benefits

by Connie Barlow (Nov 08) www.thegreatstory.org/legacy.pdf

GOAL: to create a new governmental or nonprofit, voluntary group Health Insurance policy that (1) honors death as a natural / sacred part of the life process, and (2) distributes the financial savings thus accrued between group members (80%) and charities chosen by the dying or their guardians (20%).

THE PLAN: Individuals who share a philosophy that death is a natural part of life, and thus who pledge to forgo costly interventions when (under certain circumstances) they are diagnosed with a terminal condition, will make it possible to form a group insurance plan for the like-minded that

- (1) substantially reduces the costs of providing top quality health insurance—but without having to regulate services
- (2) enhances intergenerational equity,
- (3) supports charitable and nonprofit good works, and
- (4) offers substantial emotional support to the dying by giving them a chance to "leave a legacy" in the form of a financial contribution to a charity/nonprofit of their choice

HOW IT IS ACHIEVED: When a group member is given a terminal (or a possibly terminal) diagnosis, a committee of doctors, ethicists, and actuaries compiles an actuarial analysis in which financial predictions are made as to the costs to the insurer of a range of possible actions: (1) standard full-scale interventions aimed at achieving a cure, (2) interventions aimed at prolonging life at a threshold quality (to be determined by the patient), (3) referral to home-care hospice services. The NET SAVINGS between the full-scale intervention option and each of the other options would be calculated. If a patient then chooses a palette of services that results in a net savings, the group insurer would set aside 20% of the savings to be donated to a charity/nonprofit of the patient's choice, such financial transfer taking place after death.

WHO WOULD OPT IN: A growing number of people from a wide range of religious and secular worldviews share the simple precept that **death is a natural and essential component of life**. They also understand that as costly technologies come online, individuals need to bear new responsibilities for the financial wellbeing of other health insurance payees in their group and for the generations are taxed to pay for Medicare and Medicaid entitlements. Those who would choose this form of health insurance would thus have a strong **ethical inclination** to personally and forthrightly choose (and who would direct those who hold their “durable power of attorney” to also so choose) to forgo costly medical interventions in circumstances in which death is imminent, especially if a chronic and incurable illness has severely restricted one’s ability to enjoy and fully participate in life, and especially for those who have already been blessed with a long life.

PERSONAL AND FAMILY BENEFITS: It is well known that a leading cause of emotional distress for those facing death is a fear that their life may have contributed little of lasting value to their communities and the world. This is the urge to leave a legacy. By way of this plan, the dying would be given peace of mind by having such a legacy in place — and to a charity of their choice. The turn in the patient’s mindset works to the benefit of enhanced interactions between the dying, the caregivers, and among family members.

GROUP BENEFITS: All of the group members of this health insurance plan would benefit financially from lowered payment obligations. They would also benefit psychologically in knowing that their monthly or quarterly premiums were being spent for medical interventions that they could wholeheartedly support, and also for doing a range of good works in the world. Indeed, annual reports to members would celebrate such good works. (It would also be important to have all members, in addition to signing a living will and durable power of attorney, make advance provision for a contribution in their name to be made to a charitable cause of their choice in the event of sudden death; and the donated dollar amount could be some percentage of the total net contribution over costs that they have made to the insured group during their life.)

SOCIETAL BENEFITS: The first group to establish in this format would set an example for all of society. Stories would be told of the good works of charitable contributions. Other stories would be told by grateful family members who testified to how the opportunity to “leave a legacy” made all the difference for their loved one’s peace of mind in journeying toward death. As well, the health insurance group could choose to allocate a portion of the cost savings so as to provide health insurance coverage to a number of families among the “working poor” who share the same ideals, but would otherwise not be able to afford insurance.

MAINTAINING CHOICE: It is vital that group members always retain the choice to opt for full-scale interventions, if they have a change of heart (or especially if they are young enough to still have children in the home). Financial savings to the group will be achieved through voluntary choices, by screening new members, and by attention given to educational outreach and peer support. Because members would share a common ethic that celebrates death as a natural and essential component of the life process, it would be possible to forge a familial sense among members, perhaps by holding an annual meeting (with discounted premiums for those who attend) that would give members a chance to enjoy a slide/video program of the good works accomplished during the year, and to see the faces of the recently deceased who elected such a path. Also, attending members would hear the gratitude of the working poor families that the cost savings are sponsoring, and would meet in small "sharing circles" to discuss ideas for improvement or to share their personal experiences. I envision that this insurance group would help members find each other to trade ideas and experiences relating to palliative care, attending the dying, writing one's own memorial service, and learning the full range of options for handling care of the body after death (including "green burial").

NATAL PROGRAMS: It may also be advisable to seek member participation in a similar ethical statement about their personal attitudes for heroic and costly interventions at the polar opposite end of life: complications for newborns at birth, especially for the significantly premature or impaired in which surgical interventions and extraordinary technologies would be required to prevent an otherwise natural death. For parents facing such crises today, tremendous moral guilt awaits them whichever way they decide: authorizing the death of a child or calling upon society to invest heavily in a newborn for which even the best possible outcome may be a life of severe physical or mental disabilities. What a blessing to parents were there an alternative (based on the same sort of actuarial analysis that applies to adults) to have a percentage of the money saved by foregoing heroic intervention be dedicated to, say, providing clean water and education to an entire village of children in rural Africa, or providing a college scholarship to a high school senior in their community!

Note: This proposal was initially formulated by Connie Barlow January 2006. It was formally posted online November 2008:

<http://thegreatstory.org/legacy.html>

Connie Barlow is a science writer and public speaker, whose program "Death Through Deep-Time Eyes" can be accessed via her website:

<http://www.thegreatstory.org/death-programs.html>

OTHER RESOURCES on Death by Connie Barlow:

"An Alluring View of Death": Interview with Connie Barlow,
published in the Sept 2005 issue of *What Is Enlightenment?* magazine.

Connie's **DVD recording of "Death Through Deep-Time Eyes"**
program on our 4-hour "Celebrating Evolution" DVD.

"The Science Behind the New Understanding of Death" by
Connie Barlow

Sermon: **"An Evolutionary Celebration of Death"** delivered at
the Unitarian Society of Hartford, CT, 2006