The Impacts of Late-Life Parental Death on Sibling Relationships: Do Advance Directives Help or Hurt?

Dmitry Khodyakov
Rutgers University
Piscataway, NJ 08901
dkhodyakov@sociology.rutgers.edu

Deborah Carr
University of Wisconsin and Rutgers University
Madison, WI 53706
carr@ssc.wisc.edu

ABSTRACT

We examine the extent to which the death of elderly parents affects the quality of the relationship between their surviving adult children, and whether the effects of parental death vary based on the presence and perceived effectiveness of the deceased parent's end-of-life planning. We analyze data from the two most recent waves of the Wisconsin Longitudinal Study (1993, 2004), a long-term study of men and women who graduated Wisconsin high schools in 1957 and who are now in their mid 60s (N=4,297). We find that parental death decreases closeness between their children. The parent's use of living wills does not have uniformly positive effects on sibling relations: the sibling relationship suffers when the living will was believed to "cause problems". This effect persists when pre-loss sibling relations are controlled, which suggests that end-of-life planning should be tailored to the specific needs and preferences of both the dying and their families.

Research on relationships among midlife and older siblings generally reveals that siblings become closer and report higher quality relationships following the death of an elderly parent (e.g., White and Riedmann, 1992). Goetting (1986: 709) suggests that the parents' deteriorating health and their dependence on their children reactivates the bond between adult siblings, who come together to "manage a particular crisis but may then continue to serve as a 'fundamental axis of socio-emotional interaction' throughout the process of parental decline and death." Siblings are believed to come together to provide assistance and care to their elderly parents before they die, and this close collaboration helps siblings overcome the problems they may have had with each other in the past.

Adult children play a particularly important role as caregivers to their aged parents at the end-of-life; most older adults today die of long-term chronic illnesses that require intensive and ongoing support (Kramer, Boelk, & Auer, 2006). Chronic illnesses, or ongoing conditions for which there is no cure, now account for more than two-thirds of all deaths to older adults (Federal Interagency Forum on Aging-Related Statistics 2004). However, adult children are increasingly charged with assisting with end-of-life decision-making, in addition to providing direct care. Children are often engaged to serve as health care proxies at the end of life, and also may play a role in conveying a dying parent's wishes to health care providers. Both of these activities are facilitated when the parent had an advance directive.

Advance directives are documents that allow individuals to state their treatment preferences for medical care when they are still physically and mentally well. These documents were designed to enhance the rights of incapacitated individuals, to clarify their preferences for the end of life care, to protect "surrogate decision makers from legal liability for health care decision at the end of life" (Hopp, 2000: 449), and to spare the dying and their family members from distress during the final days of the patient's life (Carr and Khodyakov, 2007). There are

two types of advance directives - living wills and Durable Power of Attorney for Health Care (DPAHC) designations. While living wills allow patients to formally state their preferences for medical treatments they either want or do not want, DPAHC allows patients to appoint a person to make medical decisions on their behalf if patients cannot make such decisions themselves.

Advocates of end-of-life planning argue that advance directives will have a positive effect on both the emotional well-being of bereaved family members, as well as the quality of their relationships with one another. In the absence of an advance directive, difficult decisions about stopping or prolonging treatment typically fall upon distressed family members who may not agree with one another (Brock and Foley 1998). As the widely publicized Terri Schaivo case revealed in 2005, family members must make difficult choices if the dying did not leave formal instructions stating their treatment preferences, or if they did not appoint an advocate to make decisions for them. Consequently, instead of fostering closeness among siblings in the face of parental death, conflicts among siblings about their parents' medical preferences may negatively influence their relationships with one another. However, we know of no studies that have empirically evaluated such propositions. In this project, we assess the extent to which the *presence* and *perceived effectiveness* of a recently deceased parent's advance directive affects the quality of relationships between their surviving children after the parent's death.

Data and Methods

We use data from the two most recent waves of the Wisconsin Longitudinal Study (WLS), a random sample of men and women who graduated from Wisconsin high schools in 1957. Participants were first interviewed during their senior year when they were 17-18 years old (1957), and at ages 36 (in 1975), 53-54 (in 1992-93), and 64-65 (in 2003-04). Of the 10,317 original sample members, 9,139 (88.6%) were interviewed in 1975, 8,493 (82.3%) in 1992-1993, and 6,278 (61%) in 2003-04. In the 1993 interview, respondents provided a list of the names,

sex, and age of all of their brothers and sisters, and one was randomly chosen to be the focus of a series of relationship quality and frequency of contact questions. As of 2004, 1,297 (12.6%) of the original participants were deceased.

The sample is broadly representative of older white Americans with at least a high school education (U.S. Bureau of the Census, 2003). Analyses are based on the 4,292 respondents who completed telephone interviews and self-administered mail questionnaires in 1992-93 and 2003-04. We further limit our analysis to the respondents who have siblings, who answered questions about their relationships with siblings in both waves, and who were included in an 80% random sub-sample that received questions about their relationships with the deceased parent. Topical modules were administered to random sub-samples to shorten the overall length of the survey.

The dependent variable, *closeness with a selected sibling in 2003-04*, was assessed with the following question: "How close does respondent feel towards selected sibling?" Responses were coded on a four-point scale, where "1" was "not close at all" and 4 was "very close."

We focus on three key independent variables in this analysis: whether the parent died in the ten years prior to the 2003-04 interview; whether the deceased parent had a living will; and whether the living will helped during the last week of the parent's life. Regarding the latter, parentally bereaved respondents whose parent had a living will were also asked: "What role did the parent's living will play in the last week of life?" Response categories include: "it helped a great deal," "it helped a little," "it had no effect," "it caused some problems," and "it caused major problems." We created a series of dummy variables indicating: no parental death (reference category); parental death, no living will; parental death, living will had no effect; parental death, living will had a positive effect; parental death, living will created some problems.

We also control for the sex of respondent and his/her selected sibling; respondent's age, marital status, and educational attainment; closeness with the sibling in 1993; number of siblings; frequency of contact with the sibling in 2003-04; similarity of views between the respondent and the sibling in 2003-04; months since the parental death; gender of the deceased parent; whether the respondent took care the deceased parent; respondent's depressive symptoms and agreeableness scores.

Results

Our univarivate analyses reveal that most respondents (46%) are "somewhat close" to their siblings. Only 25% experienced a parental death in the ten years prior to interview, primarily because most parents died prior to that time. Of those 25% who experienced a recent parental death, 60% say their parent had a living will. Out of those respondents whose parents died and had a living will, 53% report that the living will had no effect, 45% report that it helped, and just 2% think it caused problems.

We employed ordinary least squares regression models to evaluate the influence of parental death and their end-of-life preparations on the relationship between their surviving children. In our first model, we assessed simply whether a recent parental death affected sibling closeness. Our analysis revealed that parental death negatively influences closeness between siblings. This could reflect the fact that parents hold their families together, and their surviving children become less close to one another after parents die (Rosenthal, 1985). Moreover, siblings may perceive their parent's death differently, disagree over details about health care treatment, funeral arrangements, or grief expression, or remember old rivalries, all of which may reduce closeness among them (Umberson, 2003).

To evaluate these claims, we next explored whether the presence and effectiveness of a living will affected sibling closeness. We found that respondents who say that their parent's living will

"caused problems" have significantly poorer quality relationships with their siblings. This effect persists even when pre-loss relationship quality and indicators of affect, such as depressive symptoms and agreeableness, are controlled.

Discussion

Our findings suggest that although end-of-life health care planning can help patients ensure that they receive the treatment that they want, it may not necessarily be helpful in reducing the number of potential conflicts among their surviving children and in mediating the negative consequences associated with parental death. Although living wills are intended to ensure that a dying patient's health care preferences will be met, their children may not find the course of action to be adequate, or they may have different opinions about the best health care treatment for their parents. Our finding is consistent with past clinical and qualitative studies showing that family members often may disagree with the preferences stated in a living will, and are may be forced to comply with an order that violates their own personal preferences (e.g., Kramer, Boelk, & Auer, 2006).

Furthermore, the fact that parental end-of-life planning does not increase closeness among their survived children cannot be explained by the pre-death relationships among siblings. This finding suggests that practitioners should not focus simply on encouraging individual patients to sign a living will or to appoint a DPAHC. In contrast, they should try to engage the family members into collective discussions about the end-of-life health care needs to ensure that every one understands and respects their parents' preferences.

References:

Brock, Dwight and Daniel P. Foley (1998). Demography and Epidemiology of Dying in the U.S. with Emphasis on Deaths of Older Persons. In *The Hospice Journal*, 13, 49-60.

Carr, Deborah and Dmitry Khodyakov (2007). Health Care Proxies: Whom Do Young-Old Adults Choose and Why? *Journal of Health and Social Behavior* (forthcoming).

Goeting, Ann (1986). The Developing Task of Siblingship over the Life Cycle. In *Journal of Marriage and the Family*, 48, 703-14.

Kramer, Betty J., Amy Z. Boelk, and Casey Auer (2006). Family Conflict at the End of Life: Lessons Learned in a Model Program for Vulnerable Older Adults. *Journal of Palliative Medicine,* 9, 791-801.

Federal Interagency Forum on Aging-Related Statistics. 2004. *Older Americans 2004: Key Indicators of Well-being.* Washington, DC: U.S. Government Printing Office.

Hopp, Faith (2000). Preferences for surrogate decision makers, informal communication and advance directives among community-dwelling elders: Results from a national study. *The Gerontologist, 40,* 449-57.

Rosenthal, Carolyn J. (1985). Kinkeeping in the Familial Division of Labor. In *Journal of Marriage and the Family*, 47, 965-74.

Umberson, Debra (2003). *Death of a Parent.* New York: Cambridge University Press.

U.S. Bureau of the Census. (2003). *Current Population Survey, Annual social and economic supplement.* Washington, DC: U.S. Bureau of the Census.

White, Lynn K. and Agnes Riedmann (1992). Tues among Adult Siblings. In *Social Force*, 71, 85-102.