



A Passionate Voice for Compassionate Care

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COMPASSIONATE PALLIATIVE CARE

THE ISSUE

In today's health care system persons facing serious illness or approaching the end of life often do not receive compassionate, coordinated, patient and family-centered care based on their needs or wishes. Instead, too many people are forced to navigate a complex and fragmented health care delivery system with little information or support to make informed decisions. This often results in patients receiving care that they often do not want or need, and that diminishes their quality of life and places significant emotional and financial burdens on their families.

Palliative care is specialized care for people with serious illnesses. This type of care is focused on providing patients with relief from the symptoms, pain and stress of a serious illness - whatever the diagnosis. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of physicians, nurses and other specialists who work with a patient's other care givers to provide an extra layer of support. Palliative care is appropriate at any age and at any stage in a serious illness, and can be provided together with curative treatment.

Studies show that early access to palliative care for seriously ill patients improves their quality of life and in some cases even prolongs it. This is achieved through care planning based on open, honest communication about severity of illness and medical treatment options; effective pain and symptom control; and highly coordinated care that addresses the physical, emotional, social and spiritual aspects of dealing with serious illness. Palliative care has also been shown to lower health care costs through reduced emergency room visits, time in the hospital and use of intensive care services.

MINISTRY TRADITION

Compassionate care to all persons, especially to those who face serious illness, are in pain or are dying, has been a hallmark of Catholic health care. We are following the example of Jesus when we care for people who are in great need. Such care is described in the *Ethical and Religious Directives for Catholic Health Care Services (ERDs)*, which reminds us that a primary purpose of health care "in caring for the dying is the relief of pain and the suffering caused by it. Effective management of pain in all its forms is critical in the compassionate care of the seriously ill and dying."

CHA'S POSITION AND ACTIVITIES

The Catholic Health Association (CHA) works in partnership with others to advocate access to high-quality palliative care, including: *The Supportive Care Coalition: Advancing Excellence in Palliative Care*, a coalition of Catholic health care organizations committed to promoting excellence in palliative care; *The George Washington Institute for Spirituality and Health (GWISH)*, an organization working to bring increased attention to the spiritual needs of patients, families and healthcare professionals; and the *American Cancer Society's Cancer Action Network*, the nation's leading cancer advocacy organization and founder of the *Patient Quality of Life Coalition*, focused on enacting consensus-based public policies that improve patient quality of life.

CHA supports several means to ensure all who need palliative care have access to it at the right time and at the right place:

- **Revise Regulatory and Financing Mechanisms**--Current regulatory and reimbursement systems encourage the overuse of procedural services and the underuse of assessment, evaluative and supportive services that are critical to high quality palliative care. CHA supports policies that encourage health care organizations across settings and physicians, advance nurse practitioners and others with appropriate training to provide palliative care services, including consultation and direct care
- **Education for Care Providers**—CHA supports policies to ensure that physicians, nurses, social workers, chaplains and others across the care continuum are trained in palliative care and end of life issues, including pharmacologic and non-pharmacologic pain and symptom management, the role of families, communication skills and the spiritual dimension of care
- **Research Funding**—CHA supports policies that will direct funding to palliative care and hospice research to identify appropriate standards of care and standardized quality measures that can be used across all settings, including home and community-based care
- **Public Education Efforts**—CHA supports policies that inform the public about the importance of advance care planning and palliative care services that are available from the time of a patient's diagnosis through a family's bereavement, with targeted efforts to reach minority and medically underserved groups

CHA SUPPORTS:

- **Palliative Care and Hospice Education and Training Act (PCHETA), H.R. 3119**, Sponsored by Representative Eliot Engel (D-NY) and Representative Tom Reed (R-NY).
The bill:
 - Establishes a Palliative Care and Hospice Education Center to improve the training of interdisciplinary health professionals in palliative care;
 - Authorizes grants to schools of medicine, teaching hospitals and GME programs to train physicians (including residents, trainees, and fellows) who plan to teach palliative medicine;
 - Establishes a program to promote the career development of physicians who are board certified or board eligible in Hospice and Palliative Medicine;
 - Establishes fellowship programs within the new Palliative Care and Hospice Education Centers to provide short-term intensive courses focused on palliative care workforce development and grants through career incentive awards for eligible health professionals who agree to teach or practice in the field of palliative care for at least 5 years; and
 - Provides for the establishment of a national campaign to inform patients, families and health professionals about the benefits of palliative care and the services that are available to support patients with serious or life-threatening illness.

- **The Care Planning Act, S. 1549,**

Sponsored by Senators Johnny Isakson (R-GA) and Mark Warner (D-VA).

The bill:

- Establishes Medicare reimbursement for health care professionals and care teams to provide a voluntary and structured discussion about the goals and treatment options for individuals with serious illness; and
- Provides funding to support the development of a public information campaign to encourage effective care planning and tests new models for more intensive services, such as palliative care, for those with advanced illness.