



A Passionate Voice for Compassionate Care

COMPASSIONATE PALLIATIVE CARE

THE ISSUE

Persons facing serious illness or approaching the end of life need compassionate, coordinated, patient and family-centered care based on their needs or wishes. This type of care ensures that patients have the knowledge to make informed decisions and enhances their quality of life, also helping relieve the emotional and financial burdens on their families. Over the last several years, providers and advocates for persons with serious illness have worked for changes that support this vulnerable population of patients. Among those changes is making palliative care available across health care settings. The Catholic health ministry has been an early adopter of palliative care. 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 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
- 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
- Balanced Response to Opioid Restrictions — CHA supports evidence-based policies to reduce the harm associated with the opioid addiction epidemic. Policies restricting access to opioids should provide clear and easily accessed exemptions for people with pain and other symptoms due to cancer and other serious illnesses, and should not create access barriers to pain management for patients for whom opioids are medically indicated and who are benefiting from such treatment.

CHA SUPPORTS:

- The Palliative Care and Hospice Education and Training Act, bipartisan legislation introduced in the previous Congress. This legislation:
 - 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.
 - Ensures that palliative and hospice care training programs abide by the Assisted Suicide Funding Restriction Act of 1997 (P.L. 105-12) and are not furnished for the purpose of causing or assisting in causing a patient's death.