CHA
Catholic Health Association
of the United States

*We Will Empower Bold Change to Elevate
Human Flourishing.*

COMPASSIONATE PALLIATIVE CARE

THE ISSUE

Palliative care is for persons facing serious illness or approaching the end of life and 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 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 recognize the needs of those facing serious illness is not only one of physical concern but also requires a whole person response to their physical, spiritual, mental, social, and economic needs. As Pope Francis reminded us in his address to the International Interfaith Symposium on Palliative care, “Palliative care, while seeking to alleviate the burden of pain as much as possible, is above all a concrete sign of closeness and solidarity with our brothers and sisters who are suffering.”

CHA's POSITION AND ACTIVITES

The Catholic Health Association (CHA) works in partnership with the U.S. Conference of Catholic Bishops and 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. This work focuses on enacting consensus-based public policies that improve patient quality of life.

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

- Revising 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 (PCHETA, H.R. 4425/S. 2287)**, bipartisan legislation introduced in the current Congress, to improve access to palliative and hospice care by enhancing education, training, and awareness. The act focuses on three key areas:

- **Workforce Training** – Expanding education and training programs for healthcare professionals, including doctors, nurses, and social workers, to improve palliative care services.
- **Awareness and Outreach** – Increasing public and provider awareness of palliative and hospice care benefits.

- **Research and Development** – Boosting research efforts to improve palliative care practices and outcomes.

In addition, the legislation 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. The goal of PCHETA is to ensure that patients with serious illnesses receive high-quality, compassionate care to improve their quality of life.