RESOLUTION 11-23

Title: Importance of Palliative Care Provision and Physician Training

Introduced by: Ashton Lewandowski, for the Medical Student Section

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Referred To: Reference Committee E

House Action: **APPROVED AS AMENDED**

Whereas, the World Health Organization (WHO) defines palliative care as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual," and

Whereas, early utilization of palliative care increases patient quality of life, survival, symptom relief, and satisfaction of care, while also reducing depressive symptoms and low mood, and

Whereas, palliative care involvement is associated with lower costs of healthcare in the form of decreased ICU length of stays, emergency room visits, and hospital readmissions, with the most savings occurring with early palliative care involvement and patients with high comorbidities, and

Whereas, palliative care promotes patient autonomy in tailoring their end-of-life care to maximize their quality of life in the location of their choosing without compromising significant symptom relief, and

Whereas, patient barriers to palliative care utilization include racial minorities, low socio-economic status, and rural location; provider barriers to palliative care referral include difficulty initiating palliative care discussions with patients, misunderstandings of the goal of palliative care and ability to continue medical treatment, and believing a palliative care treatment is considered "giving up," and

Whereas, more than 40 million people in the United States are above the age of 65 and by 2050 there are expected to be 89 million. Current hospice and palliative medicine training capacity is insufficient to keep up with population growth and demand for services, and so we must also rely on provision and connection to palliative care services through primary care physicians, and

Whereas, primary care physicians are frequently the first medical provider contacted by patients and thus can identify patients in need of palliative care services early and incorporate elements of palliative care into their practice, and

Whereas, when primary care providers are involved in delivery and planning of end of life care, there is better coordination of care and fewer acute care services used, and

Whereas, family medicine residents reported increased comfort in all areas of measured end of life care following a required four-week palliative care medicine rotation, and

Whereas, AMA policy H-70.915, encourages all physicians to become skilled in palliative medicine and MSMS Resolution 32-16 asked to encourage appropriate hospice and palliative care utilization for eligible patients, and

Whereas, WHO Resolution WHA67.19, urges physicians to develop, strengthen, and implement appropriate palliative care policies for comprehensive, cost-effective continuum of care as well as including ongoing palliative care education to providers; therefore be it

RESOLVED: That MSMS encourage the usage of palliative care and the provision of palliative care education in the training of physicians with an emphasis on those in primary care; and be it further

RESOLVED: That MSMS work to identify and mitigate barriers to the provision of palliative care.

WAYS AND MEANS COMMITTEE FISCAL NOTE: $12,000-$24,000

Relevant MSMS Policy:

Pain Management and Hospice Education
MSMS recommends and promotes effective education in pain management, opioid tapering, referral best practices, and/or hospice care for physicians and medical students.

Relevant AMA Policy:

Good Palliative Care H-70.915
Our AMA encourages all physicians to become skilled in palliative medicine; recognizes the importance of providing interdisciplinary palliative care for patients with disabling chronic or life-limiting illness to prevent and relieve suffering and to support the best possible quality of life for these patients and their families; encourages education programs for all appropriate health care professionals, and the public as well, in care of the dying patient; and the care of patients with disabling chronic or life-limiting illness. Relevant WHO policy: Strengthening of palliative care as a component of comprehensive care throughout the life course WHA67.19 That WHO supports the inclusion of palliative care actions and indicators in the WHO comprehensive global monitoring framework; noting with appreciation the inclusion of medicines needed for pain and symptom control in palliative care settings; noting with appreciation the efforts of nongovernmental organizations and civil society in continuing to highlight the importance of palliative care, including adequate availability and appropriate use of internationally controlled substances for medical and scientific purposes, as set out in the United Nations international drug control conventions

Sources:

1. https://who.int/news-room/fact-sheets/detail/palliative-care
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5. https://pubmed.ncbi.nlm.nih.gov/26427974/
6. https://www.prb.org/resources/americas-aging-population/
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