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In Support of SB 2080

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Editorial

As our population ages and becomes more medically complex, we need to ensure that we as healthcare providers are prepared to provide them with holistic and dignified care that emphasizes quality of life. I believe the best way to do that is through supporting research and the education of providers in palliative medicine. There is currently a bill in the United States Senate, Senate Bill 2080, that would widely expand the Public Health Service Act to promote palliative care education and research at large by increasing the number of permanent faculty in palliative care within medical schools, nursing schools, and physician assistant schools. In short, it would provide better palliative education for the future healthcare providers of America.

At its core, palliative care is symptom management with consideration for quality of life with respect to patients with chronic and/or terminal disease processes. Palliative education is so important because there are misconceptions not only with patients and their families but also within the health care community. One difficulty regarding the successful implementation of palliative care is a general misunderstanding of the referral process, and knowing who qualifies. Another common falsehood is that palliative care equals giving up, or no longer "treating" the patient. In fact, palliative care can exist alongside disease-targeting treatment. Another issue, probably the one of most concern to providers, is a reluctance to upset their patient. However, it has been shown that satisfaction with health care actually increases with early palliative care implementation.

In addition to a misunderstanding of what palliative care truly is, there is also a dearth of providers that feel comfortable with providing palliative care. A survey done by the New England Journal of Medicine found that a major problem within the palliative medicine community is finding and retaining practitioners. While palliative medicine exists as a specialized branch of medicine, palliative care can be provided by any healthcare provider, including nurse practitioners and physician assistants, with the option to further refer out as needed. All of these misconceptions regarding palliative care and the shortage of providers comfortable with it in general would be addressed head-on by emphasizing palliative care in medical education.

While the bill has strong bipartisan support, there exists some opposition to its passage; an early draft was opposed by the Association of American Physicians and Surgeons. This organization opposed the bill on the grounds that such an emphasis on palliative care training would "hasten death" and violate the Hippocratic Oath. They also contend that politicians and policymakers in Washington DC should not be a part of the physician-patient relationship. I respectfully disagree with these viewpoints. Patients should be empowered to be active participants in their care and be the ultimate deciders of what they deem to be appropriate. Quality *vs.* quantity of life should be up to them. Finally, I don't believe that this bill would further insert politics into health care; rather, it simply provides funding for education and research, similar to how the government provides funding for cancer research.

According to the National Cancer Institute, by 2030 there are expected to be 23.6 million new cases of cancer worldwide each year. It's not just people with cancer who need palliative care, however. Consider patients with congestive heart failure, end stage renal disease, COPD, and the like. We already have and will continue to have millions of patients each year that would benefit from palliative care. Our patients with chronic diseases deserve healthcare providers that are fully equipped to discuss all aspects of care, beyond direct treatment options. As an ICU nurse, I have been present for the diagnosis, treatment, and eventual death of countless patients suffering from chronic diseases. Very few of them received any kind of palliative treatment, and all of them could have benefited from it.

While we want to provide our patients with the best treatments and outcomes possible, they also deserve to live with their chronic illnesses to the fullest, with dignity. By passing Senate Bill 2080,

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we show a commitment to our patients and to ourselves to ensure the future healthcare providers of America are well-versed in initiating and continuing these important palliative care discussions. I strongly urge you all to reach out to your state's United States senators to support the debate and eventual passage of Senate Bill 2080.