OREGON HEALTH & SCIENCE UNIVERSITY

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Division of Hematology & Medical Oncology

Palliative Care Section

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Dear Co-Chairs and Legislative Leadership,

I am the Medical Director for Palliative Care at Oregon Health & Science University. On behalf of the University, I'm writing to urge you to support SB 608 as a first necessary step in making palliative care a priority in public health.

A small fiscal encumbrance of $53,000 accompanies the bill. It is well worth it. In addition to being the right thing to do (the World Health Organization recently declared palliative care to be a human right), patients and families need palliative care options so that they are not left with a choice between aggressive, disease-oriented treatment or nothing. Recent studies indicate that by closely matching treatments with a patient's goals, and improving their quality of life, palliative care can provide substantial **cost reduction**.

When they know what it is, people want palliative care - recent public opinion research shows that once informed about palliative care, **92% of consumers** say these services should be available for seriously ill patients and their families. But the reality is that most patients and families are not aware of palliative care and most health professionals misunderstand what it is, lumping together advance care planning, palliative care, hospice care, and death all into one big "blob" that they would rather avoid talking about until forced.

This bill can start to inform patients and families about palliative care and help health professionals understand it differently. Palliative care focuses on understanding the patient who has the illness and merging that with what health professionals know about the illness. The result is that patients get the care that is wanted and beneficial, and they avoid care that is unwanted and not worth it. This sounds simple, but it is not within a system that is designed around delivering high tech, high cost treatments. For example, a patient with incurable lung cancer who takes Tarceva, an oral chemotherapy drug can expect to live, on average, 2 months longer at a cost of $7,000 per month and side effects such as a rash and fatigue. A study from Mass General Hospital in Boston found that patients with incurable lung cancer who received outpatient palliative care consultation early on in their treatment lived nearly 3 months longer, despite getting *less* aggressive care at the end of their lives and at a fraction of the cost.

Thank you in advance for supporting this important bill that is on the vanguard of a paradigm shift in American Medicine,

Erik Fromme

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