

Jenny R. Silberger, MD FACP

I am writing in support of HB 2981 today, as I believe it will increase access to palliative care programs and services in the state of Oregon.

As a general internist practicing in this state for more than twenty years, serving patients with complex medical conditions who often are approaching the end of life, I have walked beside patients and families navigating difficult decisions and finding their way through the maze of this healthcare system.

My colleagues in palliative care often provide additional key support with multidisciplinary wrap-around resources, improving the whole team's ability to address a patient's escalating needs. Palliative care teams approach the care of people with life-threatening illnesses by focusing on quality of life: preventing and managing symptoms, providing goals of care and advance care planning, and offering additional support for practical needs, especially with respect to care provided in a patient's home.

When caring for our patients, we are also caring for the whole family. The patient's needs and emotional support impact the well-being of the whole family caregiving team and this family team ultimately impacts the patient's well-being in return. Palliative care honors this in their biopsychosocial approach to patient care.(1) On many occasions, when addressing the needs of a patient in crisis in the hospital where complex family dynamics have made decisions more difficult, I've been able to lean on the skills of my palliative care colleagues to improve communication and clarify goals as they fit within the realities of the situation.

The benefits of palliative care have been demonstrated repeatedly. Studies have shown improved quality of life, with less depression and symptom burden, for patients receiving services through palliative care programs.(2, 3, 4) Satisfaction with services was significantly higher for patients with advanced diseases treated by palliative care. (5) There are also health system benefits with decreased costs and reduced utilization of the most expensive health care resources (emergency department and hospitalizations). Overall costs of care at end of life may be reduced by as much as 45%.(5) For some conditions, a palliative care approach has been shown to improve survival rates when compared with those of patients receiving standard treatment. (6, 7) Integrating a palliative care approach into curative care practices earlier when managing chronic advanced illnesses improves patient planning for the transitions through preferred end-of-life care.

In 2014, the World Health Assembly Resolution on Palliative Care called for all countries to incorporate these services into their health care systems. (8) Nonetheless, despite demonstrated benefits, there remain significant barriers to greater uptake including limited resource availability or ignorance about resources, reluctance to refer and reluctance of patient or family to be referred, and restrictive palliative care specialist program eligibility criteria. (9) Advancing access to palliative care services should be a key goal of any health care system

seeking to honor patient self-efficacy and dignity. I believe HB 2981 will be a step forward to achieving this for all Oregonians.

1. Jacobsen PB, Breitbart W. Psychosocial Aspects of Palliative Care. SAGE journals. 1996 May 1;3(3):214-222. .
<https://journals.sagepub.com/doi/pdf/10.1177/107327489600300303>
2. Corli O, Pellegrini G, Bosetti C, Riva L, Crippa M, Amodio E, Scaccabarozzi G. Impact of Palliative Care in Evaluating and Relieving Symptoms in Patients with Advanced Cancer. Results from the DEMETRA Study. Int J Environ Res Public Health. 2020 Nov 14;17(22):8429. <https://pubmed.ncbi.nlm.nih.gov/33202542/>
3. Teno JM, Clarridge BR, Casey V. Family Perspectives on End-of-Life Care at the Last Place of Care. JAMA. 2004;291(1):88-93.
<https://jamanetwork.com/journals/jama/fullarticle/197944>
4. Bakitas M, Lyons KD, Hegel MT, balan S, Brokaw FC, Seville J, Hull, JG, Li Z, Tosteson TD, Byock IR, Ahles TA. Effects of a palliative care intervention on clinical outcomes in patients with advanced cancer: the Project ENABLE II randomized controlled trial. JAMA. 2009 Aug 19;302(7):741-9. <https://pubmed.ncbi.nlm.nih.gov/19690306/>
5. Brumley RD, Enguidanos S, Cherin DA. Effectiveness of a home-based palliative care program for end-of-life. Palliat Med. 2003 Oct;6(5):715-24.
<https://pubmed.ncbi.nlm.nih.gov/14622451/>
6. Temel JS, Greer JA, Muzikansky A, et al. Early palliative care for patients with metastatic non-small-cell lung cancer. N Engl J Med. 2010;363(8):733-742.
<https://www.nejm.org/doi/full/10.1056/nejmoa1000678>
7. Connor SR, Pyenson B, Fitch K, Spence C, Iwasaki K. Comparing hospice and nonhospice patient survival among patients who die within a three-year window. J Pain Symptom Manage. 2007 Mar;33(3):238-46. <https://pubmed.ncbi.nlm.nih.gov/17349493/>
8. [EB Document Format](#)
9. Hawley P. Barriers to Access to Palliative Care. Palliat Care. 2017.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5398324/#bibr1-1178224216688887>