

# POLICY FORUM

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### *New Directions in End-of-Life and Palliative Care*

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Kristie K. Weisner, MA

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*“...a good death [is] ‘one that is free from avoidable distress and suffering for patients, families, and caregivers; in general accord with patients’ and families’ wishes; and reasonably consistent with clinical, cultural, and ethical standards.’ ”*

# INTRODUCTION

## **Policy Forum:** *End-of-Life and Palliative Care*

The Policy Forum section of this issue of the *North Carolina Medical Journal* gives attention to one of the most complex sets of problems in American healthcare—end-of-life and palliative care. Few topics addressed in this Journal have such profound and relevant implications for healthcare quality and to the lives of all Americans, regardless of social class, gender, religion, race, or ethnicity. The inevitability of death forces all of us to think about the choices we would make at the end of life. But, as these articles make clear, all too often the family and friends of those who are dying are faced with limited choices because few of us make adequate plans for these inevitable circumstances.

In this issue of the Journal, an outstanding group of healthcare professionals, lay activists, and policy analysts with broad-reaching involvement in end-of-life and palliative care have offered a comprehensive overview of the major problems and issues in this field. Geriatrician and medical ethicist, Laura Hanson, MD, MPH, offers a panoramic overview of these issues. Other authors provide detailed analyses of the care and services provided by hospice and hospital-based palliative care organizations and some of the dilemmas of clinical decision making, including a review of current approaches to pain control and the circumstances under which feeding tubes (percutaneous gastrostomy tubes or PEGS) should be used for nutritional supplementation. In addition, we have an explanation of the legal and ethical issues associated with do-not-resuscitate orders (DNR) and the designation of healthcare power of attorney. We have also included reprints of formal statements from the North Carolina Medical Board and the North Carolina Medical Society on these issues, which can serve as useful guidelines and assurances to practicing physicians who care for dying patients.

As one reads these articles, it is clear that despite the complex issues in this field, there are some remarkable successes and indications of a growing professional concern about how we care for dying patients and their families. Given the rapid growth of North Carolina's elderly population, we are likely to see an increase in the demand for more and better trained healthcare professionals who can provide end-of-life and palliative care. Though there are healthcare professionals who have denied the need for a specialized approach to the care of the dying patient, the many facets of end-of-life care described in these articles surely underscore the contrary point of view. There is great need for professionals in a number of disciplines who are dedicated to providing the care and services needed to assure the opportunity for a "good death" when that time comes.

As always, we await your letters and other comments on these issues as we continue to bring you reviews of some of the more important and far reaching health and healthcare policy issues affecting the lives of North Carolinians.

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