Palliative and End-of-Life Care: Policy Analysis

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Key Points . . .

➤ Access to palliative and end-of-life care is threatened by the nursing shortage, reimbursement barriers to nursing practice, and various social, organizational, and economic policies.

➤ Key goals include the integration of palliative care throughout the course of illness and earlier referrals to palliative and hospice services.

➤ Clinical nurse specialists (CNSs) and other advanced practice nurses are key to providing continuing education to practicing nurses regarding palliative and end-of-life care.

➤ The shortage of CNSs and the conversion of many of these positions to case managers calls for targeted recruitment and incentive programs to support this role.

With the aging of the baby boomers, the number of older people living with chronic conditions will increase and the need for palliative and support services throughout the illness continuum and at the end of life will be greater. Recent studies and advisory reports suggest that the healthcare system provides inadequate care for the dying (Field & Cassel, 1997; Foley & Gelband, 2001; Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatment [SUPPORT] Principle Investigators, 1995). A main problem includes underdiagnosis and undertreatment of patients with significant distress, including pain and psychosocial concerns (Bernabei et al., 1998; Foley & Gelband). These concerns, as well the debate over physician-assisted suicide, have heightened awareness of the need to improve quality of care at the end of life (Rudberg, Teno, & Lynn, 1997). This article will address policy issues regarding hospice and palliative care with emphasis on nursing homes and hospital settings. Because of the variety of factors affecting end-of-life care, selected issues are addressed in a framework of access, cost, and quality: (a) factors limiting access to hospice and palliative care in nursing homes, hospitals, and homecare settings; (b) impact of the payment system on provision of services and access to care; (c) need for guidelines, standards, and quality measures to evaluate end-of-life care; and (d) federal and private initiatives including nursing activities. An overview of state policy initiatives and recent federal legislation will be examined as well as nursing implications with regard to practice, education, research, and health policy.

Problem

In 1997, the Institute of Medicine (IOM) sponsored an influential, evidence-based study to make recommendations for improving care at the end of life (Field & Cassel, 1997). Although committee members recognized improvements in practices being advanced by the field of palliative care, they found that problems persisted, including (a) inadequate pain and symptom management despite the availability of effective...