Differences in Approach, Cost, and Ethical Framework in the US and other Countries

Discussion

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Context

• Canadian Study on Aggressive Care at the End of Life
• UK Gold Standards Framework: Three Steps (Identify, Assess, Plan) and Seven Elements of Care
• Jonkoping County “Esther” Project: Patient centered planning for all patients
• Exploration of early access to palliative care (IHI R&D project)
Framework for Early Access, Better Transitions

This framework for care can be adapted to any setting for any patient

- **Trigger**
- Continuous Communication
- Shared Decision-Making
- Goal Setting
- Care Planning
- **Patient and Family**
- **Shared Information**
- **Treatment:** Core Services, 24/7 according to shared plan, in Hospital, Long Term Care, Home
- **Guidance and Support:** Including coordination, case management

Institute for Healthcare Improvement
Differences from US

• The patient’s future course seems more easily anticipated by health care providers

• Less aggressive care is given in the last months of life, including time in hospital/ICU, at least in some places

• More support over and above medical care
Similarities to the US

• Patients and families discomfort over decisions, and reluctance to say it is time for hospice
• Difficulty many health care providers have talking about care at the end of life for people with advanced disease
• Great value placed on hospice and palliative care
Questions:

• There is the belief that payment policies will foster improvements, but how much? What else, if anything, could be added to make more potent change?

• Is there anything to be learned from vastly different cultures?