

## **Federal Healthcare Reform End-of-Life Care**

### **Issue**

Compassionate care for all persons, especially for persons who are in pain and/or who are dying, is a hallmark of Catholic health care. We follow the example of Jesus when we care for people who are suffering and/or who are at the end of their lives.

Unfortunately, end of life care has become one of the most controversial parts of the health care reform debate. Some have claimed that the House tri-committee health care reform bill would establish federal “death panels,” which would have the power to deny or ration care to the frail elderly and the disabled. The Catholic health care ministry does not embrace that characterization of the House bill. But it does emphasize in its advocacy that the interests of the elderly, the chronically ill and the profoundly disabled must not be adversely affected by judgments which focus on a person’s “worth” or “value to society” as a measure of the level of care they should receive.

End of life care was included in the House health care reform bill because Members of Congress want to encourage physicians to discuss appropriate end of life treatment decisions with their patients by reimbursing physicians for the time they spend doing so. These conversations might include things such as the doctor educating a patient about an advance directive or living will; sharing what resources are currently available to learn about end-of-life care; and explaining options available for end-of-life care, including hospice and other forms of palliative care. It should be noted that all but two states currently ban assisted suicide and euthanasia.

### **Current Status**

One proposal would allow Medicare to reimburse physicians for the time spent discussing end-of life care with patients, including how patients can ensure that they will receive treatment at the end of life that reflects their wishes, and how patients can access palliative and hospice care if they want those services. This consultation would be voluntary and would not require a patient to submit to such a consultation or to sign an advance directive or similar document.

### **SJHS Position**

SJHS is supportive of reimbursing physicians for the time they spend discussing end of life care issues with their patients as long as the discussion is voluntary and does not cross over into discussions concerning assisted suicide. The System strives to be a caring alternative to those who might consider assisted suicide. We do this through improved pain management, as well as care for the physical, emotional, social, and spiritual needs of every person.