

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/dying-in-america-series/an-introduction-to-the-dying-in-america-report/7852/>

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An Introduction to the Dying in America Report

Narrator:

You are listening to ReachMD. For patients and their loved ones, no care decisions are more profound than those made near the end of life. For the millions of Americans who work in or with the health care sector—including clinicians, clergy, caregivers, and support staff—providing high-quality care for people who are nearing the end of life is a matter of professional commitment and responsibility. In *Dying in America*, a consensus report from the Institute of Medicine (IOM), a division of the [National Academies of Sciences, Engineering, and Medicine](#), four select topics from this report will be featured on ReachMD. Here are co-chair committee members David M. Walker and Dr. Philip Pizzo to explain more.

Mr. Walker:

Welcome to ReachMD. I am David Walker, Former U.S. Comptroller General from Bridgeport, CT, and joining me is Dr. Philip Pizzo, Former Dean of the School of Medicine, Stanford University in California.

Phil and I co-chaired the Institute of Medicine committee that authored the report, “Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life”.

The Institute of Medicine has often stepped up to address timely, complex and controversial issues. This report presents a comprehensive review of end-of-life care in this country. Our Committee found that the U.S. health care system is poorly designed to meet the needs and desires of patients near the end of life. As a result, patients and families suffer, quality is diminished, and costs are increased.

Dr. Pizzo:

There were several factors that needed to be considered as we constructed our report. Among these were developing a more effective, high quality, available and accessible healthcare system that meets the needs of individuals facing the prospect of end of life. The education of healthcare providers, payment and delivery systems in health care policies and regulations, and of course long term affordability and sustainability that align to making the end of life journey as successful as possible. In this context, how does one improve informed choices and empower individuals to make those choices? The report focuses on *choice*, *quality*, and *compassion*. Training and credentialing for clinicians should be significantly improved so that they can provide quality end-of-life care consistent with their patient's values and informed preferences.

Addressing end-of-life issues and death needs to be simple and incorporate many people into the discussion about decisions, not just physicians and their patients but also their families and social services. It's important to incorporate individual perspectives and wishes. It is also critical to recognize that the current approach is broken, and there is dissonance between what people say they want at the end of their lives versus what actually happens. Conversations about end-of-life care should occur at appropriate decision points throughout the life journey and shouldn't happen only once – they should be flexible to allow for changes in our preferences to take place as our life progresses. Patients need and want time to talk with their doctors about end-of-life issues, and clinicians should receive the training and financial incentives for such discussions so they can provide quality end-of-life care consistent with their patient's values and informed preferences in an affordable and sustainable manner.

Mr. Walker:

This report has already had significant impact in its overarching objective to open up a dialogue about this important topic. For example, the recent Medicare ruling, which will provide reimbursement to physicians for counseling their patients about their end of life

preferences, is consistent with one of our Committee's recommendations. In the future, you'll be hearing a series of interviews discussing some of the primary topics covered in the reports, along with various messages for physicians and other healthcare providers, patients, their families, and others. Thank you for the opportunity to discuss our report with you.

Narrator:

You have been listening to ReachMD. To listen or download the podcast to any one of the programs regarding the Institute of Medicine's report "Dying in America" as sponsored by the National Academy of Medicine, visit www.ReachMD.com/industry-feature. That's www.ReachMD.com/industry-feature. Thank you for listening.