

Georgia hospitals lag in palliative care for the seriously ill, study finds

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Hospitals across the nation are increasingly implementing palliative care programs to help patients manage the physical and emotional burdens of serious illnesses, but a new University of Georgia study finds that 82 percent of the state's hospitals do not offer palliative care services.

"Most people will have some sort of extended illness at the end of their life, and many, especially frail elders, could benefit from this type of care," said study principal investigator Anne Glass, assistant director of the UGA Institute of Gerontology, part of the College of Public Health. "But only 18 percent of hospitals in Georgia have palliative care programs, and the people we spoke with at more than half of the hospitals didn't even know what palliative care was."

Palliative care is a medical subspecialty focused on treating the pain, symptoms and stress of advanced illnesses. Glass, whose findings appear in the early online edition of the [Journal of Palliative Medicine](#), points out that palliative care shares many of the same principles of hospice, but with notable differences. Hospice is for people with terminal illnesses who no longer receive curative treatment and are in the last stages of life. Palliative care, on the other hand, can be offered earlier during an illness and can be delivered in conjunction with [curative treatment](#).

A 2010 study in the [New England Journal of Medicine](#) found that [lung cancer patients](#) receiving palliative care experienced less depression, improved quality of life and survived 2.7 months longer than those in a

control group who did not receive palliative care. A 2011 study in the [journal Health Affairs](#) found that palliative care reduced costs for patients by an average of \$6,900, primarily through a reduction in [intensive care unit](#) days, laboratory work and [diagnostic imaging](#).

Glass and co-author Molly Burgess contacted the 128 Georgia hospitals listed on the Medicare.gov website to assess whether they had a palliative care program and how closely those programs met the national palliative care consensus guidelines.

Palliative care has a long history in medicine, but only has been a formal subspecialty since 2006. The UGA researchers found that more than half (55 percent) of the hospital representatives they spoke with did not know what palliative care was, a finding that Glass said reflects the need for greater education about palliative care for healthcare providers at all levels, including in medical and nursing schools.

Nationwide, palliative care programs have expanded rapidly during the past decade. A study by the non-profit Center to Advance Palliative Care found that nearly 60 percent of hospitals with 50 beds or more had palliative care programs in 2008, an increase of 126 percent since 2000.

In Georgia, however, the percentage of hospitals offering palliative care is much lower. The UGA researchers found that 17 percent of hospitals with 50 beds or more had palliative care programs in 2010, the year their survey was conducted. Only one for-profit hospital reported offering [palliative care services](#).

Glass emphasized that palliative care programs don't need to be costly to be effective. A single board-certified physician can consult with patients, their families and the referring physician to implement a plan of care that maximizes the patient's physical and emotional well-being. Rural hospitals or those with limited resources can create networks that enable

one physician to serve multiple hospitals. Another option is the use of video conferencing technology to provide [palliative care](#) consultations to patients, she said.

Glass acknowledged that conversations about serious illness and death can be uncomfortable, but urged people to be informed about end of life treatment options and to discuss their wishes with their families.

"Talk about end of life care with your family ahead of time and don't wait until somebody is in a crisis," she said. "Because once you get in the [hospital](#), things can happen really fast."

Provided by University of Georgia

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