

# Planning for end-of-life and palliative care among African-Americans

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A new model developed to examine the relationship between factors that impact how African Americans approach advance care planning (ACP) reveals how little is known about improving ACP in this population and points to new approaches to improve care and quality of life. The model is described in an article published in the special issue "Palliative and End-of-Life Care for African Americans" of *Journal of Palliative Medicine*.

Guest Editor of the special issue Ronit Elk, PhD, University of South Carolina College of Nursing (Columbia), and Guest Associate Editors Timothy Quill, MD, Tammy Quest, MD, and Kimberly Johnson, MD, have gathered a series of insightful and informative Editorials, Original Research articles, Brief Reports, Palliative Care Reviews, and Personal Reflections that capture a broad scope of the key issues, novel approaches, and leading research in this important area.

In the article "[Factors Impacting Advance Care Planning among African Americans: Results of a Systematic Integrated Review](#)," Justin Sanders, MD and Susan Block, MD, Dana-Farber Cancer Institute and Ariadne Labs (Boston, MA), and Maisha Robinson, MD, University of California Los Angeles, reviewed the ACP literature to develop their model for understanding the factors that affect decision making regarding future medical care in this population. Among their conclusions, they report that African Americans are more likely to engage in discussions of [end-of-life care](#) rather than to complete formal documents.

The Guest Editorial entitled "[Their Bodies, Our Conduct: How Society and Medicine Produce Persons Standing in Need of End-of-Life Care](#)," authored by Karla Holloway, PhD, James B. Duke Professor of English and Professor of Law and African-American Studies at Duke University (Durham, NC), describes end-of-life care for African Americans as "an opportunistic occasion that spans the life cycle." Dr. Holloway states: "The critical ethic of individualized care must guide our practice and this

means we must ask each patient what matters, and listen for the answer without our own cultural biases as the interpretive agent."

"Our ability to relieve suffering and improve quality of life has never been more powerful in the history of human [medicine](#). It is essential we get this to all Americans, including African Americans," says Charles F. von Gunten, MD, PhD, Editor-in-Chief of *Journal of Palliative Medicine* and Clinical Professor of Medicine, Ohio University.

Provided by Mary Ann Liebert, Inc

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