



## What the Media Said about End-of-Life Care This Week March 29, 2021 A Service of Your State Association

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### WASHINGTON STATE SEEKING BEST PATHS FOR DEATH WITH DIGNITY ACT TO EVOLVE

In 2008, when 30 of 39 Washington counties voted to approve the Death with Dignity Act, assisted dying became legal in the state. The last year for which data is available for utilization of the law is 2018. The data indicates that 267 Washington residents received the life-ending medication. 251 of these residents died, with 203 ending their lives after taking prescribed medications, and 29 without taking the medication. "Ingestion status was unknown for 19." Some say, however, that there are still too many barriers to receiving the medications.

In 2019, Republican Representative Skyler Rude sponsored a bill to have the University of Washington study barriers and report back. The bill passed the full Legislature but was ultimately not signed by the Governor because of COVID's impact on the state budget.

This year, there is a bill in progress that would ease barriers to access to the medications. HB 1141 would change several distinct portions of the current law and, at the same time, have little fiscal impact. Patients currently must make an oral request to a physician, followed by a written request, and then another oral request at least 15 days after the first. HB 1141 would reduce this waiting period between the first and second oral request to 72 hours. Additionally, medications could be delivered by mail. And, another change allows one of the two provider approvals to come from a physician assistant, osteopathic physician assistant, or ARNP.

The bill is facing some push back. A theme that is mentioned often is that these changes were not in the highly-supported votes of 2008. A physician who is state director for the American Academy of Medical Ethics recently wrote an article "critiquing the bill as 'lowering or eliminating already minimal safeguards without reliable evidence that such changes are warranted.'"

*Disability Rights Washington* also opposes the bill, and calls for the kind of study that got vetoed last year. Likewise, several doctors and patients' family members testified against the bill, citing patients who rebounded and needed the extra time to consider their decisions. The Archdiocese, the Washington State Catholic Conference, and other religious groups have also expressed their opposition.

Overall, the biggest concern seems to be the shortened time for waiting and the fact that this bill varies from the expressed wishes Washington residents affirmed earlier. An article from the *News Tribune* editorial board says the new bill has some good points for change. They also call for the study that was called for earlier. "A study conducted by the University of Washington, looking at everything from public awareness to geographic availability to the effectiveness of the 15-day waiting period, should be reauthorized with the governor's blessing." (*News Tribune*, 3/23) [Read more...](#) (*News Tribune*, 3/23) [Read more...](#)

## HOSPICE NOTES

\* *NHPCO's* Edo Banach is hopeful for a community-based palliative care Medicare benefit to become a reality during 2021. Speaking at the opening session of *NHPCO's* virtual Leadership and Advocacy Conference, Banach noted that, CMS has "allowed Medicare Advantage plans to cover palliative care as a supplemental benefit." (*McKnight's Senior Living*, 3/22) [Read more...](#)

\* "Amazon Will Change How Hospices Do Business" is part of the title of a recent article in *Hospice News*. The article shares insights from Ryan Lindsay who is with *The Health Group* and *Gray, Griffith and Mays* health care consulting firms. Lindsay presented at *NHPCO's* virtual Leadership and Advocacy Conference. His presentation focused on the ways that disruptions will impact hospices and home health and hospice, and current and coming changes that hospices are and will be encountering. Challenges in staffing and in financial areas of operation, as well as changing consumer expectations, are explored. The article is online at the link below. (*Hospice News*, 3/24) [Read more...](#)

\* Physician Don Berwick, former CMS chief administrator, spoke at the recent *National Hospice & Palliative Organization (NHPCO)* Leadership and Advocacy Conference. Berwick's comments focused on quality and inclusive care. Hospices, says Berwick, "must reorient themselves towards customized care that is tailored to the needs of the patients, families and the communities an organization serves." Disparities in care need attention from hospices as well. Black, Hispanic, and LGBTQ+ communities are underserved by hospices. Berwick also addressed social determinants that need to be addressed. (*Hospice News*, 3/25) [Learn more...](#)

\* *LHC*, a hospice and home health provider group, and the University of Louisiana at Lafayette, are partnering together in a ten-year effort to provide scholarships for nursing students in hopes of increasing both enrollment and graduation of nurses from the university. The funds will also support building a new health sciences building, and endow a deanship for program. Over the ten years, *LHC*, based in Lafayette and offering home health and hospice in 35 states and D.C., will provide \$20 million to fund the effort. Keith Meyers, CEO of *LHC*, says "his company's investment will include training and education for its employees that will include lower costs and additional scholarships and aid." (*The Advocate*, 3/25)

## PALLIATIVE CARE NOTES

\* By 2034, for the first time, the US will have more people age 65 and over than people 18 and under. The value of palliative care becomes more important than ever. In a *STAT*. article, R. physician Sean Morrison and Mireille Jacobson say we are far behind in offering good palliative care. Over ten years ago, researchers showed the many benefits of palliative care. Yet, "two-thirds of patients living with a serious illness who could benefit from this [palliative care] therapy don't get it. To understand why, says the article, "follow the money." To provide palliative care, healthcare systems must make upfront investments. "Given current payment systems the return on this investment to health systems can actually be negative." Further, physicians are too often reluctant to offer the care. Morrison reports that in 10 years of medical education he "received one 30-minute lecture on pain medicines, no training in communication skills, and no education regarding the types of non-hospital and physician services available to patients. . ." [Learn more...](#)

\* “On the Value of Social Work in Palliative Care” appears on the *Pallimed* blog. Vickie Leff shares that another study has demonstrated the value that a social worker brings to palliative care. When a social worker is involved, issues more likely to be addressed include psychological and spiritual needs, and documenting advance care directives. (*Pallimed*.3/22) [Read more...](#)

## END-OF-LIFE NOTES

\* In a *New York Times* interview with physician Diane Meier, several topics are explored. Among these are Meier’s thoughts on physician-assisted death. Meier says that, ethically, she thinks “people should have the right to control the timing of their death.” At the same time, she says, she believes “it’s dangerous public policy.” Her opinion is, “It’s a dangerous path to go down with the claim that it is all about respect for autonomy, when the real drivers are getting rid of a painful and expensive burden on society.” She believes that requests for assisted death come from “existential and spiritual” concerns. And to deal with this, training is required. (*New York Times* 3/24) [Learn more...](#)

\* Art Caplan, at New York University Division of Medical Ethics, shares results of *Medscape*’s bi-annual survey on physician attitudes. He specifically looks at physician attitudes about physician-assisted suicide, where physician views have significantly changed. According to the trend over the past ten years, physician support for the practice are increasing. Caplan says that older physicians were less supportive of physician-assisted dying. We now have younger physicians, and a growing number of states that have adopted laws making the practice legal. Caplan says, “There don’t appear to be abuses of this,” like many feared. The other significant source of change in attitudes, he believes, is American’s discussions of the topic. The growing desire to have the option available will likely lead to more states legalizing the practice in the coming years. (*Medscape*, 3/21) [Read more...](#)

\* *Nevada Appeal* reports that Edgar Flores (D-Las Vegas) has introduced a bill that “would authorize competent adults diagnosed with a terminal condition to request medication designed to end their life and allow the patient to self-administer it.” The provisions of the bill would also prevent coroners from listing the cause of death as suicide or homicide. Like a number of other states, physicians would need to discuss patient prognosis, alternatives for care, and information to discourage them from using the medications in public. A similar Senate bill stalled before a vote in 2019. (*Nevada Appeal*, 3/24) [Read more...](#)

## ADVANCE CARE AND OTHER NOTES

\* Current attention to the value and outcomes of advance care planning continues in a post on *Pallimed*. Written by Drew Rosielle, a palliative care physician and founder of *Pallimed*, Rosielle ponders the lack of real research and understanding of what issues and needs advance care planning addresses. He reflects Dr. Sean Morrison's editorial decrying the lack of meaningful outcomes after years and much expense on working on creating an environment for advance care directives. Then he shares his own thoughts. He explores the differences in understanding and meanings of health care directives. And he reviews multiple studies that failed to validate the outcome of these planning documents. He proposes that advance care planning "be investigated as a sort of analogous suffering-reducing, meaning-making intervention." This writing is part 1 of 2 parts he plans to write on the topic. (*Pallimed*, 3/29) [Learn more...](#)

\* Mothers who care for seriously ill children and children who have "life-limiting conditions" are at risks themselves for serious health problems and premature death. This finding comes from research at the University of York. First published in the *Archives of Disease in Childhood*, the research also notes that "the number of children with life-limiting conditions has grown significantly." And many of these children need constant care. The findings indicate that chances for premature death for the mothers of these seriously ill children is 50% higher than their counterparts with healthy children. Efforts to find support in the caregiving process often go unheard, and daily life with these children is stressful to mental and physical health. (*ehospice*, 3/17) [Read more...](#)

*Hospice Analytics is the national sponsor of Hospice News Network for 2021. Hospice Analytics is an information-sharing research organization whose mission is to improve hospice utilization and access to quality end-of-life care. For additional information, please call Dr. Cordt Kassner, CEO, at 719-209-1237 or see [www.HospiceAnalytics.com](http://www.HospiceAnalytics.com).*

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