**OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES**

**Resolution No. 11 – 2020**

**Introduced by:** OSMA Medical Student Section

**Subject:** Palliative Care – Awareness and Education

**Referred to:** Resolutions Committee No. 1

**- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**

**WHEREAS**, Palliative care is an approach to patient care that improves the quality of life of patients and their families facing the problems associated with life-threatening illness1; and

**WHEREAS**, Palliative care services can be implemented at the time of diagnosis and still involves actively treating a disease, while hospice care involves symptomatic care for patients with a life expectancy at six months or less who do not wish to continue life-extending care; and

**WHEREAS**, Although palliative and hospice care are distinct divisions of health care with different objectives the two are often seen as synonymous by both physicians and patients; and

**WHEREAS**, Palliative care has been a model of the physician-led medical team, with improved outcomes for quality of life and overall well being5; and

**WHEREAS**, There is evidence to suggest that early palliative care may increase patient lifespan6; and

**WHEREAS**, Palliative care services have been shown to be cost neutral at a minimum, with a cost benefit in most studies reported,7; and

**WHEREAS**, A lack of patient education, physician reluctance to refer, and a shortage of palliative care physicians continues to hinder the use of Palliative care services across the United States3; and

**WHEREAS**, Ina 2018 survey of internal medicine program directors, only 75.9% of respondents offered palliative care rotations in their residency program4; and

**WHEREAS**, Over the next 40 years, the number of Americans over the age of 65 will double, and social security/Medicare spending during that time frame is projected to rise from 8.7% of the GDP to almost 12%2; and

**WHEREAS**, Despite the rising prevalence of chronic, serious health conditions, there is no mention of “palliative care” in the OSMA compendium; and

**WHEREAS**, The OSMA strategic plan involves the personal and professional development of members; **therefore be it**

**RESOLVED**, That the current OSMA Policy 14 – 1994 – Hospice Care be amended to read as follows:

“The OSMA recognizes the benefits of hospice CARE AND PALLIATIVE CARE for ~~persons with life limiting illnesses~~ PATIENTS AND THEIR FAMILIESand encourages physicians to recommend hospice care AND/OR PALLIATIVE CARE when appropriate”; and, **be it further**

**RESOLVED**, That the OSMAsupport education and awareness for physicians, medical students, and patients on the benefits and appropriateness of palliative care and/or hospice care; and, **be it further**

**RESOLVED**, That the OSMA support increased exposure to palliative care and hospice care within residency programs.

**Fiscal Note:** $ 500 (Sponsor)

$ 1,000 (Staff)

1. WHO Definition of Palliative Care. World Health Organization.<https://www.who.int/cancer/palliative/definition/en/>. Accessed November 2019.
2. *Aging in the United States.* PRB organization, July 2019. Accessed November 2019. <https://www.prb.org/aging-unitedstates-fact-sheet/>
3. Hawley P. Barriers to Access to Palliative Care. *Palliat Care*. 2017;10:1178224216688887. Published 2017 Feb 20. doi:10.1177/1178224216688887
4. Edwards, A. and Nam, S. (2017). Palliative Care Exposure in Internal Medicine Residency Education: A Survey of ACGME Internal Medicine Program Directors. *American Journal of Hospice and Palliative Medicine®*, 35(1), pp.41-44.
5. Rogers JG, Patel CB, Mentz RJ, Granger BB, Steinhauser KE, Fiuzat M, et al. Palliative care in heart failure: The PAL-HF randomized, controlled clinical trial. *J Am Coll Cardiol.* (2017) 70:331–41. doi: 10.1016/j.jacc.2017.05.030
6. Temel JS, Greer JA, Admane S, et al. Longitudinal perceptions of prognosis and goals of therapy in patients with metastatic non-small-cell lung cancer: results of a randomized study of early palliative care. J Clin Oncol. 2011;29(17):2319-2326.
7. Smith S, Brick A, O'Hara S, et al. *Evidence on the cost and cost-effectiveness of palliative care: a literature review*. Palliat Med*2014*;*28*:*130*–*50*.[doi:10.1177/0269216313493466](http://dx.doi.org/10.1177/0269216313493466)