NEWS: Physician rethinks end-of-life care

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End-of-life care in the United States typically focuses on expensive medical procedures to attempt to cure terminal illness. This treatment should actually be approached from a human perspective, according to Dartmouth Medical School professor and director of palliative medicine at Dartmouth-Hitchcock Medical Center Ira Byock, who advocates for the treatment of patients in an individual, human manner rather than as candidates for costly surgeries and treatments.In his recentlypublished book, “The Best Care Possible: A Physician’s Quest to Transform Care Through the End of Life,” Byock suggests that palliative care should play a larger role than medical procedures in the treatment of terminally ill patients.“While illness and dying are hard, they don’t have to be as hard as they are,” Byock said. “If we in health care are doing our jobs well, we are not only fighting to help people live longer but also attending to their well-being as whole persons in these difficult times of life.”Byock said he attributes the lack of balance between medical and palliative care to the way the American health care system is designed.Currently, approximately 18 percent of the United States’ gross domestic product is spent on health care, and the number of surgeries and treatments administered to each patient increases near the end of life. The high percentage of spending devoted to health care does not necessarily reflect quality, however, according to data analyzed by doctors at the Dartmouth Institute for Health Policy and Clinical Practice, which found that patients in high spending areas do not exhibit longer lifespans or better health.Dying in America too often involves suffering for both patients and families with little individualized care, a problem he describes as “a national disgrace” in his book, according to Byock.“Our health system focuses much more on what’s wrong with people’s organs and lab tests and all the complications of disease than it does on the well-being of the people living with the disease or the families who care for them,” Byock said. “My strong feeling is that we can do both.”Byock said he does not support assisted suicide, but he thinks doctors should provide pain relief to make patients comfortable and keep patients informed. Because the experience of living with a life-threatening illness is “multidimentional” and involves “pain, fear of the future and a progressive sense of loss,” health care providers should work collaboratively with a variety of specialists on each individual patient to maximize effectiveness, he said.“We respond as an interdisciplinary team to the multidimensional experience of care giving,” he said. “All of my team members and I sit in the same room and collaborate when it comes to care for each patient. The whole is really the sum of its parts. There is a synergy when it comes to patient care.”Donna Soltura, who coordinates continuing care for the palliative care program, said that daily morning meetings keep the staff, who work in a variety

of disciplines, informed on the condition of each patient.“Many different people have input into discussions of care for all of the people we see,” she said. “As a social worker, I have input from a social work perspective. We also have a chaplain and therapists on our team in addition to the medical professionals.”Byock said his book draws upon the stories of many patients he has treated, with adequate attention to privacy, in order to illustrate the hardships faced by the terminally ill. Patients were willing to share their stories to help raise awareness for the importance palliative care, he said.

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