

TESTIMONY IN SUPPORT OF HB 917
For the members of the Health and Human Services Committees
Friday, February 7, 2003
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Relating to Palliative Care and Pain Management

Hospice Hawaii wholeheartedly supports the adoption of HB 917.

This bill will accomplish two critical needs in end-of-life care in Hawaii. First, it strives to remove a barrier to effective pain management. Second, it will promote high quality palliative care and pain relief throughout Hawaii.

Pain Management

Section 4 of the legislation will begin to alleviate the professional's fear that they will be prosecuted for providing aggressive pain management. In stating that the professional should follow acceptable (and readily available) guidelines for pain management, they will be free from the worry of disciplinary action. This fear is a major barrier to good pain management. Doctors, nurses and pharmacists are quite frankly afraid of the sometimes-high doses of pain medication needed to achieve pain relief. While pain management experts, such as those in the formal pain management services in most of the major hospitals as well as hospice practitioners are competent and comfortable in administering large doses of narcotics like morphine, most others are extremely wary of the "number of milligrams." This irrational fear is partially based upon a misperception that they will be in trouble if they give too much medication and "something bad" (i.e. death) happens to the patient.

The bill is unclear as to the exact source of guidelines for competent pain management practices. I want to reassure the members of these committees that such resources abound and are readily available. The Hawaii Cancer Pain Initiative is an excellent resource for both local experts and national contacts and resources.

Palliative Care

Section 7 of the bill takes the proactive step to create an advisory commission on Hawaii palliative care and pain management within the executive office on aging. Based on an evaluation conducted, the commission shall recommend legislative, regulatory, and voluntary institutional actions designed to achieve a consistently high quality of palliative care and pain relief throughout Hawaii. *Public policy should be based upon the expectation that we can effectively care for the dying, not upon an irrational fear that there is no hope.*

Certainly in the debate on end-of-life care, all sides agree that we must do better in providing compassionate and competent palliative and hospice care. Palliative care does not try to cure people of disease, but to do everything possible to make them comfortable and promote quality

of life. Palliative care relieves physical symptoms and provides emotional and spiritual support to patients and family members.

An important study, in actuality a state-by-state report card on end-of-life care in America called "Means to a Better End" was recently released. The report was generated by *Last Acts*, a national campaign to promote improvements in care and caring near the end of life. *Last Acts* is the nation's largest coalition dedicated to end-of-life care reform, with almost a thousand national and local partner organizations. The group's analysis used eight criteria that represent key elements involved in end-of-life care and gives each state 12 "grades" on those elements. **Bottom line: No state does better than a mediocre job in providing for end-of-life care for its residents.**

Of importance to this hearing are some of the grades Hawaii received.

Criteria	Grade*
Quality of State advance directives	A
State pain policies that support palliative care	E
Percentage of Dr.'s and RNs certified in Palliative Care	C
Hospice use and Hospice Length of Stay	D
Hospital based palliative care programs **	E

* Grades from best to worse: A, B, C, D, E

** Nationally, 1 state had a B, with 60 to 80 % hospitals having a program, 10 states had a D, with 20 to 40% and the rest had an E, with less than 20% of the programs having a hospital based palliative care program.

The Executive Office on Aging is uniquely qualified to staff this commission.

As a 2001 finalist Innovations in American Government Awards from the John F. Kennedy School of Government at Harvard University, the Executive Office on Aging has proven its capability to provide community and government leadership in the area of end of life care. The Office has, for at least the past 4 years developed and nurtured a statewide coalition to improve care at the end of life. They have the respect and cooperation of the hospice providers, the UH School of Medicine and Public Health and have even participated at the first state-wide meeting on the development of palliative care services, which occurred on October 25, 2002.

Formal palliative care programs are predominately located in the northeast. They are, however, springing up across America. The Center to Advance Palliative Care (CAPC) is a resource to hospitals and other healthcare settings interested in developing palliative care programs. Individual healthcare providers in Hawaii are already moving in the direction of developing formal palliative care programs. This bill will serve to stimulate the coordination of those programs and promote the highest community standards.

I can be reached at Hospice Hawaii (924-9255) for additional questions or clarification.
Thank you.