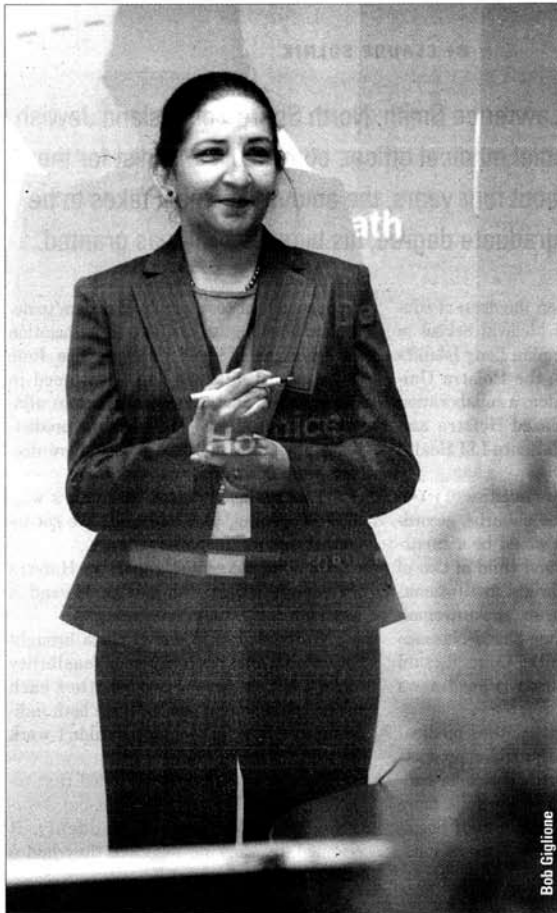


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Dr. Tanveer Mir of Hospice Care Network said that more doctors are being trained to alleviate symptoms and provide comfort to terminally ill patients.

Bob Giglione

Providing care when there's no cure

Palliative and hospice care gain attention
in medical community

By CLAUDE SOLNIK

Doctors have traditionally maintained a focus on healing. A new movement, however, aims to augment their skills with training on how to better care for the terminally ill.

The push to improve what's known as palliative care – treatment that concentrates on reducing the severity of disease symptoms, rather than providing a cure, and hospice care – for patients diagnosed with up to six months to live – has resulted in accreditations, special departments and a growing field of end-of-life medicine.

In the biggest change, hospice and palliative care was recognized in 2006 by the American Board of Medical Specialties. There are currently about 2,200 accredited physicians in the field.

"This has led to formal training as well as board certification," said Dr. Tanveer Mir, senior medical director of Woodbury-based Hospice Care Network. "Physicians are more receptive to the field of hospice and palliative care. They understand the limitations of treatment."

Doctors, Mir said, are being trained to manage symptoms and provide comfort and better communicate with the terminally ill and their families.

And hospitals are rolling out and growing palliative care practices. The number of hospitals with palliative care programs has more than doubled from 632 in 2000 to 1,299 in 2006 according to Manhattan-based Center to Advance Palliative Care.

"There definitely has been increased demand for palliative care in the past decade," said Janine Logan, spokeswoman for Hauppauge-based Nassau-Suffolk Hospital Council.

She said technologies and medications helping patients live longer prompted a focus on quality of life for the terminally ill.

But experts said doctors still often don't do enough to treat pain and symptoms and focus on quality of life as well as longevity.

"People are suffering. Their symptoms aren't being controlled adequately," said Maureen Hinkelman, CEO of Hospice Care Network. "People aren't being given an adequate amount of information about their illness and what options are available. People are pursuing treatments to the very end of their life, so they really don't have a chance to talk to their family members about what they need to talk about. People are dying without having the conversations they would want to have."

Hinkelman added that terminally ill patients sometimes pursue near-hopeless cures rather than live their last months in comfort.

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Making the end less bitter

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"Sometimes people feel they pushed the loved one to keep getting treatment, even though the treatment wasn't effective," Hinkelman said. "What we're trying to change is the message. It's not about the very end of life. It's really about improving the quality of life."

Mir agreed that health-care providers have to be as zealous about managing pain as they are about vanquishing disease.

"We have to be aggressive about pain management," Mir said. "We're not always as aggressive. But we do see that there's been a change. People are more open."

The awareness of a need for better palliative care dates back to a 1997 report issued by the Institutes of Medicine titled "Approaching Death: Improving Care at the End of Life."

"It cited several deficiencies in the way seriously ill and dying patients are treated in the United States," said Mir. "They said there are a lot of people suffering at the

end of life and they don't receive appropriate supportive care or symptom management."

Things are better today, Mir said, but institutional problems remain. Patients today typically arrive for hospice care with less than two weeks to live, although they could obtain that care with diagnoses of up to six months to live.

Palliative care is usually an interdisciplinary approach done by a team of physicians, social workers and nurses, making it complicated, but complete. While it doesn't result in a cure, Mir said it improves people's lives at a crucial time. "It's a most rewarding thing, if you take someone's pain away." ■

