



# **Differences in Approach, Cost, and Ethical Framework in the US and other Countries**

*Discussion*

*Andrea Kabcenell, RN, MPH*

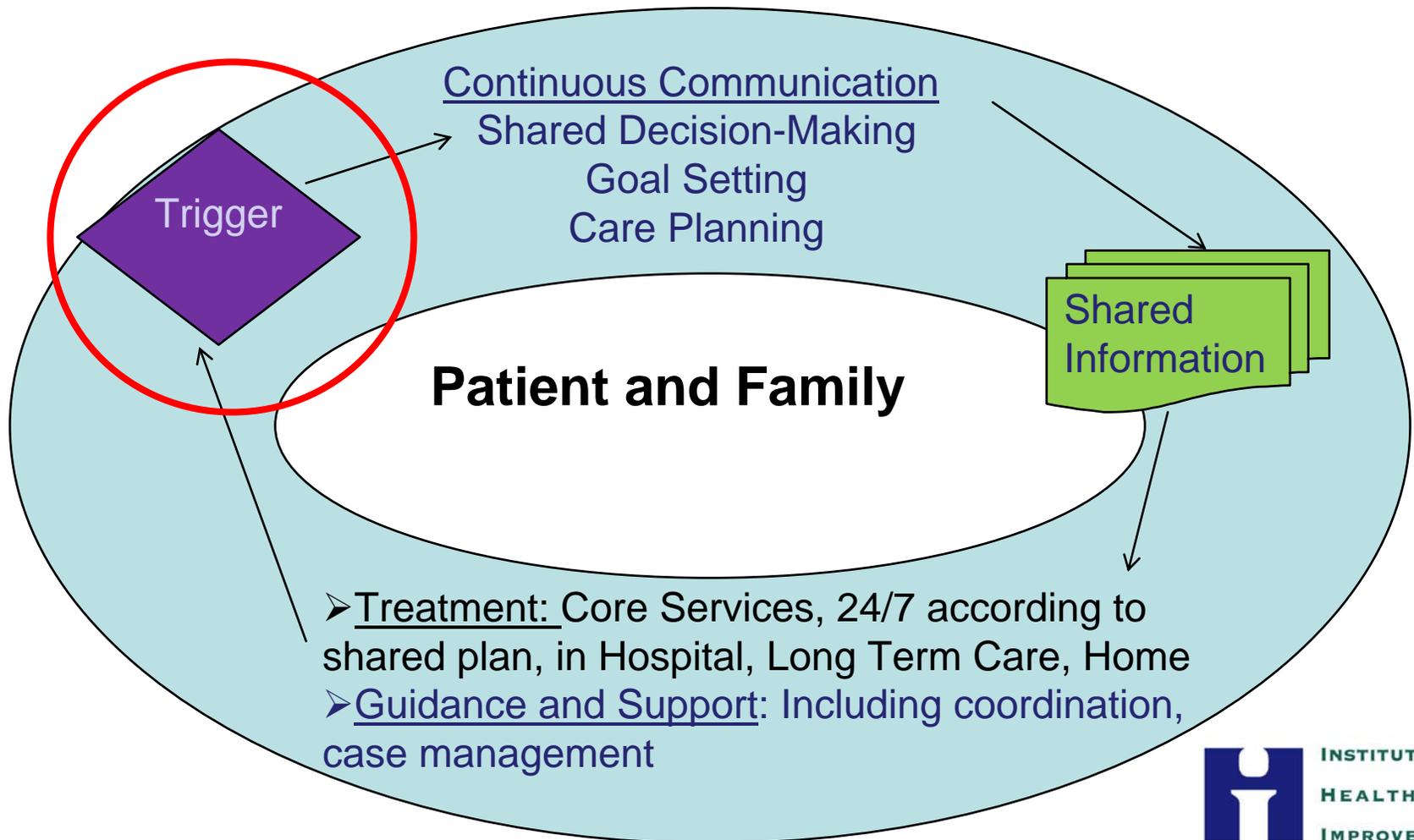
# Context

---

- Canadian Study on Aggressive Care at the End of Life
- UK Gold Standards Framework: Three Steps (Identify, Assess, Plan) and Seven Elements of Care
- Jonkoping County “Esther” Project: Patient centered planning for all patients
- Exploration of early access to palliative care (IHI R&D project)

# Framework for Early Access, Better Transitions

*This framework for care can be adapted to any setting for any patient*



# Differences from US

---

- The patient's future course seems more easily anticipated by health care providers
- Less aggressive care is given in the last months of life, including time in hospital/ICU, at least in some places
- More support over and above medical care

# Similarities to the US

---

- Patients and families discomfort over decisions, and reluctance to say it is time for hospice
- Difficulty many health care providers have talking about care at the end of life for people with advanced disease
- Great value placed on hospice and palliative care

# Questions:

---

- There is the belief that payment policies will foster improvements, but how much? What else, if anything, could be added to make more potent change?
- Is there anything to be learned from vastly different cultures?