

## *ACTION ITEMS FOR PUBLIC EDUCATION SUBCOMMITTEE*

### **I. Promote Education Among Health Care Providers**

#### ***Professional Education***

Supported by a grant from the Robert Wood Johnson Foundation, the Education for Physicians on End-of-life Care (EPEC) Project offers physicians a model curriculum covering the essential clinical competencies required to provide quality end-of-life care. A similar “train the trainer” model, called ELNEC, exists in nursing. An important issue, however, is the extent to which these well-regarded curricula have actually been presented in Maryland. We recommend that the Council survey Maryland clinicians and facilities to determine their access to appropriate continuing education about end-of-life care. Depending on the responses, the Council should consider the pros and cons of mandatory CME, as has been adopted in some states.

#### ***Medical Students’ Curriculum***

The Council should send a letter to medical and nursing school deans requesting information about the schools’ efforts to prepare students to provide quality end-of-life care.

#### ***Cultural Change Among Health Care Providers***

The Council should try to identify concrete ways of promoting the concept that palliative care should be an integral part of ongoing clinical care and planning, instead of being introduced only after further efforts at curative therapy are deemed useless. The materials developed by the Center to Advance Palliative Care at Mount Sinai Medical School should be reviewed for this purpose.

### **II. Promote Education Among Patients and Family**

#### ***Legislation***

Passed in 1991, the federal Patient Self Determination Act (PSDA) requires hospitals and certain other facilities to provide information to all adult patients about their rights to accept or refuse surgical or medical treatments and to prepare advance directives. The Council should identify best practices about PSDA compliance, especially the means used to disseminate advance directive information to patients.

***Provider to Patient***

Recognizing both the problem of insufficient time for patient counseling and the psychological issues involved, nevertheless the Council should explore how clinicians could provide information about palliative care resources soon after diagnosis of a potentially fatal disease, even as curative efforts continue, so a patient can gain access to hospice and other sources of palliative care in a more timely way.

***Proxy Education***

The Council should identify best practices on how to educate proxies (that is, health care agents and surrogates) about their role as decision makers.

**III. Promote Education Among the Public**

***Cultural Change***

The Council should work with ministers, parish nurses, and others in the faith community in order to help increase access to quality end-of-life care and the use of advance directives, especially among minority communities.

***Hospice Use***

Many families wish that they had elected hospice care earlier in the dying process. The Council should promote and educate the public about the benefits and services of hospice care and its supportive atmosphere for families of loved ones nearing the end of life.

***Publicity Campaign***

Acknowledging that television and radio are powerful ways of communicating messages, the Council should consider a media campaign. In addition to public service announcements, the Council should encourage the local media to spotlight end-of-life care issues in news segments.

This could be part of a specially designated week in which politicians and celebrities promote the use of end-of-life care.

