Improving Mental Health in End-of-Life Care—Discussant

2004 GSA Annual Meeting
November 22, 2004
Susan C. Miller, Ph.D.
Center for Gerontology &
Health Care Research

The Problems

• Individuals with Terminal Illness
  – High prevalence of mental health problems & suffering
    • Depression, anxiety
    • Delirium

• Caregiver / Loved Ones Suffer Consequences of Terminal Illness
  – Caregiver stress, Depression, lower life satisfaction, lower self-reported health, financial strain / hardship
The Range of Care / Support is Striking

Lowest Distress

Highest Distress

“...One nurse here, she stayed here past her shift and talked with my brother. We all felt better after that.”

“...makes you feel like a big nobody.”

Interventions / Systems Associated with Better Care / Improvement

• **COPE** – problem solving skills to manage symptoms
• Good medical assessment & management
• A nursing home palliative focus
• Social work / dementia interventions
How Do We Motivate Providers to “Do the Right Thing?” Change an Organization’s Culture?

Create Demand → Educate communities to value good end-of-life care
Integrate New Thinking → Integrate end-of-life issues / palliative care into training of clinicians, AND of healthcare administrators
Quality Improvement → Seamless integration of systems that make it easy to “do the right thing”
   – Possible initial resistance – What’s the motivation?
Supply & Peer Influence → Competition & peer pressure / influence
   – Success stories relating to investments
Health Care Policies → Certification/Survey Policies & Reimbursement Policies
   – Financial incentives
   – Oversight

Why “all the extras” To One Group of Residents?

• Presenters made it clear these are NOT extras.
• And, the adverse consequences of terminal illness can be lessened.
• The provision of high-quality equitable end-of-life care IS a public health issue.
   – Health and emotional status of public at issue
      • More research needed to demonstrate both the quality and COST differentials when needed care and services are and are not provided.
None of us is immune from experiencing death, but we can be protected from experiencing the adverse consequences of living with terminal illness as well as the adverse consequences of caring for a loved one with terminal illness.

→ Interventions to change systems of care
→ More research to demonstrate the public health consequences of good versus poor end-of-life care and support