Ease the Suffering of Our Sickest Patients
Cosponsor S1150, HR2911
NYU Internal Medicine-Primary Care Residency
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Our request: Cosponsor the Advance Planning and Compassionate Care Act of 2009 (S1150, HR2911), which aims to protect patients’ autonomy and provide quality and compassionate care at the end of life.

Palliative Care Improves Outcomes:
- Helps patients make decisions for themselves while they still can
- Stops the inhumane torturing of patients by treating their pain and symptoms better
- Lets patients actually live and enjoy whatever time they have left
- Gives dying patients and their families 2 more months of quality time together1

Palliative Care Saves Money:
- Saves $1700-$5000 per patient per admission
- Saves $1.3 million per year per average-sized hospital in unnecessary pharmacy, laboratory, and intensive care costs2
- With over 5000 hospitals in the US, palliative care can save $6.5 billion dollars per year

Palliative Care Services are lacking:
- Only a minority of public hospitals (40.9%) and sole community provider hospitals (28.8%) report palliative care services. These hospitals often serve as the only option for uninsured and geographically isolated communities.3
- Only 13% of patients needing end-of-life care receive palliative care consultations4
- Minority and low-income patients are more likely to die in the hospital rather than enroll in hospice services.4

Conclusion: Every single sick and dying patient deserves the right to speak for themselves and be cared for appropriately by expert palliative care physicians. Nobody should have to live with pain and suffering or be forced to die alone and deserted, chained to a hospital bed against their will.

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