

**Public Health Committee
Public Hearing
March 5, 2007**

**Testimony of Pat Tadel, RN, MSN, CHPN
Hospice Director, VITAS Innovative Hospice Care of Middlebury**

My name is Pat Tadel. I am a registered nurse and I have been working in hospice and palliative care for over 15 years. I am a trained thanatologist and clinical ethicist. I am here this morning to testify in support of Raised Bill No. 7193 which recognizes a state regulatory scheme for hospice-only providers in the State of Connecticut.

Often the profile of patients receiving our care involves specific clinical needs which are very different than those of homecare patients. Nursing and medical expertise, validated through the certification and specialty boards for both disciplines, focuses on aggressive symptom management rather than disease driven interventions. Although dying may feel like an acute issue, in life-limiting illness states, usually which for the individual are the final months of a chronic illness, comfort is the important focus. What is being done has reached a point where it isn't doing enough to palliate. The interventions that have been in place no longer support the symptoms associated with the disease or need more specialized interventions. Our clinical focus is on this: aggressive management of symptoms. Our ongoing education of the interdisciplinary team is specific to end of life symptom management, care for those with illness at end stage. Our pain formulary and pharmaceutical expertise is on end stage disease management, not acute disease focused. Our clinical care managers, nurses and doctors, as well as the rest of the team look at this closely, assuring that optimum management occurs so that patients can continue the lived experience. Their expertise also assures proactive ongoing symptom management, which can allow patients to have the best possible days to do what they need to do, with continued support of a team of experts in end stage disease management, holding symptoms at bay, using a holistic approach to care that recognizes that pain and suffering are not just physical but emotional and spiritual.

Recognizing that how this occurs also impacts the grief process. Our team approach follows the family for at least 13 months after the death, supporting their grief process during the bereavement process. Aggressive symptom management and clinical expertise assure that we uphold VITAS values which tell us that “Patients and Families Come First.” Our nurses and physicians are clinical experts. We appreciate the Committee taking the time to look at this important part of the care model for patients, and I will answer any questions you may have for me.