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TESTIMONY RE: Raised Bill No. 991 AN ACT CONCERNING AN ADVISORY COUNCIL ON PALLIATIVE CARE

PUBLIC HEALTH COMMITTEE

March 15, 2013

Good afternoon Senator Gerratana, Representative Johnson and esteemed members of the Public Health Committee.

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA) related to **Raised Bill No. 991 AN ACT CONCERNING AN ADVISORY COUNCIL ON PALLIATIVE CARE**. I am Mary Jane Williams Ph.D., RN current chairperson of Government Relations Committee for the Connecticut Nurses Association and professor emeritus from Central Connecticut State University.

I speak in support of **Raised Bill No. 991 AN ACT CONCERNING AN ADVISORY COUNCIL ON PALLIATIVE CARE**

Palliative care is specialized medical care for people with serious illnesses. It focuses on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along

with curative treatment.

Palliative care treats people suffering from serious and chronic illnesses such as cancer, cardiac disease such as congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), kidney failure, Alzheimer's, Parkinson's, Amyotrophic Lateral Sclerosis (ALS) and many more.

Palliative care focuses on symptoms such as pain, shortness of breath, fatigue, constipation, nausea, loss of appetite, difficulty sleeping and depression. It also helps you gain the strength to carry on with daily life. It improves your ability to tolerate medical treatments. And it helps you have more control over your care by improving

The core team includes doctors, Advanced Practice Registered Nurses, nurses and social workers that are palliative care specialists. Massage therapists, pharmacists, nutritionists, chaplains and others may also be part of the team. The goal of the team is to provide care and spend time with the patient, family and doctors. The goal is to support the patient, family in controlling symptoms and fostering understanding of treatment options (2012, Center to Advance Palliative Care).

Palliative care:

- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal process;
- Intends neither to hasten nor postpone death;
- Integrates the psychological and spiritual aspects of patient care;
- Offers a support system to help patients live as actively as possible until death;
- Offers a support system to help the family cope during the patient's illness and in their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counseling.
- Will enhance quality of life, and may also positively influence the course of illness (World Health Organization)

Many of our Hospitals now have Palliative Care Teams, however, the industry

needs to expand the use of Palliative Care teams to Community providers and skilled facilities. It is essential that high quality, properly staffed Palliative Care Programs be developed and implemented within all care provider systems. In order to accomplish the goal we must first ascertain what is already available, the quality of the programs, the outcomes of care and the impact of the Teams on patients, families and provider systems. We must assess models currently available and find cost effective ways to expand quality programs within systems.

We have experts in our State and we have programs in some facilities, we now need to assess and expand our efforts. The first step is assessment of the current state of the current Palliative Care System. Palliative Care improves the quality of life for individuals who are terminally ill it also provides the families and care givers with the tools they need to care for their loved ones in the communities in which they live. We have an aging population and we must provide them with programs that maintain their dignity and quality of life.

Thank you

Mary Jane M. Williams PhD., RN