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## End-of-life counseling should remain in bill

"GOP backs away from end-of-life counseling" (Aug. 15 story) is very disturbing. Such counseling, with the patient's permission, would be reimbursed by Medicare. It would give an incentive to doctors to have conversations with patients about end-of-life planning, goals of care, treatment and choices, which too many doctors do not now have with healthy patients and at life's end.

The result, according to a study reported this year in the Archives of Internal Medicine, is significantly higher costs in the final week of life, over \$1,000 more, and that "higher costs were associated with worse quality of death."

Similarly, a study in the Journal of the American Medical Association last year revealed great benefits when end-of-life discussions take place with patients, contrasted to when they do not. Patients were "more likely to accept that their illness was terminal (52.9 percent vs. 28.7 percent); preferred medical treatment focused on relieving pain and discomfort over life-extending therapies (85.4 percent vs. 70 percent); and completed do-not-resuscitate orders far more often (63 percent vs. 28.5 percent)." They also were less likely to be on mechanical ventilators, to be resuscitated or admitted to the ICU. They were "more likely to be enrolled in out-patient hospice for more than a week (65.6 percent vs. 44.5 percent)."

Doctors and dying patients should have end-of-life discussions to improve quality of life, ensure that patients' treatment wishes are honored and to save money. The provisions allowing these discussions and reimbursement for the service should be kept in the bill.

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