Special Video Report Transcript

Headline: Diane Meier of the Center to Advance Palliative Care Talks About Goals of Treatment Approach

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Diane Meier, professor of geriatrics and palliative medicine at Mt. Sinai School of Medicine and director of the Center to Advance Palliative Care

"My name is Diane Meier. I'm a palliative care and geriatric doctor. I work at the Mt. Sinai School of Medicine in New York City, and I direct the Center to Advance Palliative Care, a national organization devoted to improving access to high-quality palliative care for the seriously ill in the United States. Palliative care is a new medical specialty in the United States, committed to helping patients with serious illness and their families achieve the best possible quality of life. It focuses on relief of the pain, symptoms and stress of a serious illness and is delivered by a team of health professionals, usually a doctor, nurse, social worker and others who have special training and expertise in helping people with serious illness and in helping their families. Palliative care is delivered at the same time as care that is meant to cure or to prolong life and has been associated in several studies with marked improvements in quality of life as well as a longer life for patients receiving palliative care in addition to usual disease management care."

"Many people ask me, 'What is the difference between palliative care and hospice?' Hospice is actually a form of palliative care which has a federal Medicare and other insurance benefit attached to it, but it is limited to palliative care only for the dying. In order to access hospice, you have to have a short prognosis and you have to make a decision that you're ready to give up life-prolonging treatment or insurance coverage for life-prolonging treatment. Palliative care is a much broader version in that you can have palliative care regardless of what other treatments may be helping you, and you can have it from the point of diagnosis. And many people who receive palliative care are either cured or live for a very long time -- years, sometimes decades -- with whatever the chronic illness is that they are living with."

"One of my major concerns in our field is our use of language. Many people working in palliative care or interested in palliative care persist in calling it end-of-life care. The problem with calling it end-of-life care is that many people who could benefit from and who need palliative care are, frankly, not at the end of life. They may be pursuing a cure -- say, for example, a 25-year-old with leukemia or lymphoma. They may be likely to live for many years with a serious chronic illness like heart failure or emphysema or end-stage renal disease or dementia or stroke. They're not at the end of life. They may live five years. They may live ten years. And to the extent that we use end-of-life language, terminal language, death-and-dying language, we unintentionally exclude the vast majority of people who need and could benefit from palliative care. We need to really think about the impact of our language on the audiences we're trying to reach -- patients and families foremost among them, as well as practitioners. To the extent that we describe palliative care as end-of-life care, doctors say, 'Well, my patient's not at the end of life. This is not appropriate for my patient.' So language is critically important, and I think we need to reflect as a field on our use of language and be very careful to make sure that we describe palliative care completely independent of prognosis."