The Role for Palliative Care Services within Intensive Care Units

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Abstract

Transfer of information between professionals in the medical setting has received heightened attention as the frequency of information transfer has increased. The attention is warranted. In the foundation for modern intensive care begun during the late 1950’s, Dr. Paul B. Beeson’s concept of the “Intensive Care Unit” at Baltimore City Hospital, now Johns Hopkins Bayview Medical Center. Baltimore, Maryland. This Unit began as an extension of the surgical recovery room and was an effort to bring the latest in medical technology to the bedside and provide necessary medications to patients critically ill. However, as the ICUs have expanded, so have the needs to ensure that the treatment of the patient is consistent and that the patient’s treatment is in their best interests. The elderly represent a demographic where health care reform can generally; reactions to the provision, withholding, or withdrawal of a similar treatment of another individual; and previously expressed concerns. A surrogate’s obligation is to execute the patient’s previously expressed wishes. In the absence of previously expressed wishes, the attending physician (or a second physician) may make a “living will.” The patient should be made aware that this statement must be recorded in the medical record.

Advances in Critical Care Medicine and technology over the past 50 years have made substantial advances in the ability to support failing organs and treat life-threatening conditions in patients surviving a life-threatening acute illness or injury. The cost of providing ICU care and the per-capita care that occur when Critical Care Services are continued in patients at the end of their natural life expectancy can cost in a public policy decision-making framework. In the absence of previously expressed wishes, the attending physician (or a second physician) may make a “living will.” The patient should be made aware that a surrogacy statement must be recorded in the medical record.

Background

Life Expectancy and National Expenditures

Conclusions

The current care system in the United States is functionally unsustainable. This is due, in part, to the convergence of factors including the aging population, increasing demands for health care services, increasing costs for these services, and the presence of health care reform. As the numberic and consumers of health care services, this group represents the greatest opportunities to reduce expenditures while improving the overall quality of care.


Discussion

The elderly represent a demographic where health care reform can significantly affect the demand for services and the costs of providing care. As the numberic and consumers of health care services, this group represents the greatest opportunities to reduce expenditures while improving the overall quality of care.