The American Academy of Hospice and Palliative Medicine (AAHPM) believes policymakers can help build a health care workforce more closely aligned with the nation’s evolving health care needs through efforts to close the large gap between the number of health care professionals with palliative care training and the number required to meet the needs of the expanding population of patients with serious illness or multiple chronic conditions.

The National Priorities Partnership has highlighted palliative and end-of-life care as one of six national health priorities that have the potential to create lasting change across the healthcare system. In fact, studies have demonstrated that high-quality palliative care and hospice care not only improve quality of life and patient and family satisfaction but can also prolong survival. Furthermore, palliative care achieves these outcomes at a lower cost than usual care by helping patients to better understand and address their needs, choose the most effective interventions, and avoid unnecessary or unwanted hospitalizations and interventions. However, the delivery of high-quality palliative care cannot take place without sufficient numbers of healthcare professionals with appropriate training and skills.

What Is Palliative Care?

Palliative care is an interdisciplinary model of care aimed at preventing and treating the debilitating effects of serious and chronic illness, such as cancer, cardiac disease, respiratory disease, kidney failure, Alzheimer’s, AIDS, ALS, and MS. It can be provided from the time of diagnosis and involves the relief of pain and other symptoms that cause discomfort, such as shortness of breath, unrelenting nausea, etc.

Palliative care is patient- and family-centered—it focuses on matching treatment to achievable patient goals to maximize quality of life. In practice, this involves detailed and skilled communication with patients and families to elicit goals and preferences; expert assessment and management of physical, psychological, and other sources of suffering; and coordination of care across the multiple settings (e.g., hospital, post-acute care, ambulatory clinics, home) that patients traverse throughout the course of a serious illness. Palliative care can be offered alongside life-prolonging and curative therapies for individuals living with serious, complex, and eventually terminal illness and includes hospice care.

Why Is a Palliative Care and Hospice Education and Training Bill Needed?

Healthcare providers need better education about pain management and palliative care. Students graduating from medical and nursing school today have very little, if any, training in the core precepts of pain and symptom management, communication skills, and care coordination for patients with serious or life-threatening illness. The Institute of Medicine report *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life* noted that “major gains have been made in the knowledge base of palliative care.” The report documented, however, that “these knowledge gains have not necessarily been matched by the transfer of knowledge to most clinicians caring for people with advanced serious illnesses.” Moreover, studies show an “overall pattern of inattention to palliative and end-of-life care … still appears to predominate in the pediatric world.” This lack of healthcare provider knowledge results in too many patients with serious illness receiving painful or ineffective treatments that do nothing to prolong or enhance their lives.

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How Significant is the Shortage of Palliative Medicine Physicians?

The current gap between those practicing in the field and the number of physicians required to meet current need is likely huge—possibly several thousand physicians. A 2010 article published in the *Journal of Pain and Symptom Management* provides the findings of an AAHPM task force established to assess whether a physician shortage existed and to develop an estimate of the optimal number of hospice and palliative medicine physicians needed to meet current and future needs. It was determined that an acute shortage of hospice and palliative medicine physicians exists, with the current capacity of fellowship programs insufficient to fill the gap.

AAHPM estimated 6,000+ full time equivalents—or 8,000 to 10,000 physicians—were required to meet then current needs in hospice and palliative care programs, with up to 18,000 physicians needed if all hospices and palliative care programs used exemplary staffing models. These scenarios did not take into account future expansion of need due to population growth and aging or expansion of palliative care services into community settings such as nursing homes, home care, and office practices, all of which can be expected to exacerbate the hospice and palliative medicine workforce shortage.

Indeed, noting that “hospice and palliative medicine specialists will never be sufficient in number to provide regular face-to-face treatment of every person with an advanced serious illness,” the IOM report recommends expanding training opportunities to ensure clinicians across disciplines and specialties who care for people with serious illness are competent in “basic palliative care,” including communication skills, interprofessional collaboration, and symptom management.


