**Palliative Care in the US and UK: Similar Challenges, Different Responses (TH344)**

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**Objectives**

- Recognize differences and similarities between US and UK palliative care practices and policies.
- Discuss incorporating lessons learned from US and UK successes and failures into your own work.

Delivering optimal, equitable care to people with palliative care needs is an international challenge. Many assume that there are more differences than similarities between the United States and the United Kingdom regarding palliative care. Two researchers, one from each country, spent 4-6 months in the other country to evaluate the challenges and accomplishments of palliative care in the two countries. Data sources included interviews with experts and practitioners, articles, and policy documents.

The clearest difference is in the funding of hospice care. Payers in the United States have established separate hospice benefits but largely force patients and physicians to forego disease-focused care to access hospice. There is no “mutual exclusivity” provision in the United Kingdom. However, while almost all health services in the United Kingdom are funded and provided by the National Health Services, this is not true of hospice care, which continues to be funded and provided disproportionately by charities.

Overarching challenges today in both countries are taking palliative care into the mainstream and increasing access across a variety of settings. In the United Kingdom, this is being addressed through centralized policies and creating a funding mechanism for palliative care. In the United States, this is being addressed by the proliferation of outpatient palliative care services and experiments to offer hospice care concurrently with disease-focused care.

Hospital-based palliative care in the two countries is similar, but there are differences in what is provided in community-based settings, including long term-care facilities and family homes. Adapting existing models of palliative care to meet the needs of patients with multiple morbidities and frailty is required in both countries.

Despite fundamental differences in the financing and ownership of health care in the two countries, many policies, practices, and challenges for palliative care are comparable. Lessons learned can be applied not just in these two countries but for many others as well.