

# The Physician Assistant Role in the Expansion and Access to Palliative Care Medicine

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## Abstract

The world population is growing at such a rate that we are seeing increasingly large gaps in healthcare delivery to certain populations. One of these populations includes those in need of palliative and hospice medicine. Barriers such as provider shortage, lack of palliative medicine education, provider burnout/clinical burden, and low profits of palliative medicine to United States medical facilities prevent our elderly population from accessing these services. High quality palliative care can become more accessible by increased education, utilization of advanced practitioners, and proper timing of referral to palliative care.

## The Demand for Palliative Care Medicine

### *What is Palliative Medicine?*

Palliative care is comprehensive management of the social, psychological, medical, and spiritual needs of people with life limiting illness.

- The Pew Research Foundation reports that **the human population almost tripled from 1950 until 2010**
- **Increase in population size has left many services lacking adequate coverage in healthcare**
- Western society has been known for their focus on **quantity of life over quality of life**
- **Maintenance of quality of life for patients by avoiding any unenjoyable, unnecessary, or low benefit intervention requires counseling**
- Dev et al. showed increase of clinical burden in their palliative care medicine program at their comprehensive cancer program over a 10 year time span

**There is an increased demand for palliative care medicine due to the increase in population, Western Society ideals, and increased need for trained patient and family counseling.**

## Barriers to Palliative Care and How to Overcome Them

### *What is the gap between supply and demand?*

A study from Lupu found that the gap between demand and supply of physicians in hospice and palliative care medicine was estimated to be over **6,000 full-time individual providers.**

- Palliative medicine requires an incredibly personalized approach to ensuring **high quality end of life care due to counseling, individualized care, and family involvement/education**
- Low provider numbers due to the **time and monetary investment to become a medical provider with decreased payoff in this specialty**
- Wasted time to referral due to **limited education on palliative care patient management and transition of care to palliative medicine**
- Hodson et al found **barriers like urban/rural environment and sheer facility size** determined whether or not they had palliative care or adequate pain management services

*The gap can be bridged by increased medical education, training for front level providers, and utilization of Advanced practitioners.*

- If residents, PAs, NPs, or other providers understand the benefits of seeking out palliative care medicine at the right time, it can alleviate some of the cost and workload that comes with transition to palliative care
- Increased training of all front line providers can help to both reduce consults to palliative care, as well as help consults be made at the appropriate time
- Wu et al helped solidify how continued training on the implementation of palliative medicine can help close the gap in demands and supply, and also provide better patient centered care/increase inpatient bed availability
- Serife et al found that the cost effectiveness of PAs being used to increase transition to palliative care medicine included an estimated direct cost saving per case after palliative care consultation to be \$11,185

## Conclusion

*Study after study tell similar stories regarding palliative care medicine; there is a demand for providers, but a lack of supply with the growing population.*

- Increasing education and training on palliative care and hospice medicine may only close the gap so far when one considers the financial and time investment barriers for providers
- With Physician Assistants or other advanced practitioners, there is **less financial burden, less time between education and licensure, and more opportunity for provider lateral movement from other specialties**
- We must adopt better strategies to care for our communities as the human population continues to grow, continues to age, and continues to put increased demands on the healthcare system

**We can only hope that more providers will continue to join this specialty and educate both the general population and their medical community on the importance of palliative care medicine.**

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