

# Findings from the SUPPORT Study

From 1989-1994 at VA facilities

Many patients suffer substantially in the time before dying.

The patients, their families, and their professional caregivers did not see adverse symptoms or aggressive treatment as serious shortcomings of care.

Statistical models could accurately predict the likelihood of survival for two or for six months, both for individual patients and for groups of patients.

Knowing reliable predictions concerning survival did not affect patients, family members, physicians or nurses: they continued to follow usual treatment patterns.

Prognoses remain ambiguous even very close to death. For example, the median person dying of heart failure today had a 50-50 chance yesterday to live another six months. Good care for the dying requires taking care of many who will live for a long time with their serious illnesses.

Counseling about the possible alternatives for care and encouraging decision-making that implemented patient preferences among available options had no effect upon patterns of care.

The course of care is much more strongly associated with the service supply and habit patterns of the local care system than with the particular preferences or prognoses of the individual patient.

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# Elements proposed for a reform agenda

Articulate thresholds of severity of illness that and settings and that are comprehensive across all care needs.

Insist on high standards of symptom prevention and relief, family support and planning ahead.

Pay sustainable salaries and decent benefits for such a system's employees, and discount the costly services that have much smaller expected benefits (often, the high-tech devices or costly drugs).

Develop supports for family caregivers, such as health and disability insurance, respite care, and evidence that the community honors and respects their work.

Develop adequate supply of all of the critical components of good care — hands-on services for personal care as well as hospital care and good nursing homes, as well as on-call nurses to handle crises in home care.

Monitor the effectiveness and efficiency of innovative approaches and deliberately replicate proven models, aiming to evolve a highly reliable, sustainable care system within a decade.

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