

FEB 05 2016

SENATE RESOLUTION

REQUESTING THE DEPARTMENT OF HEALTH TO ESTABLISH A PALLIATIVE
CARE AND QUALITY OF LIFE ADVISORY COUNCIL.

1 WHEREAS, palliative care is a multidisciplinary approach to
2 specialized medical care providing relief to seriously ill
3 patients, improving the patients' quality of life, and focusing
4 on supporting patients and their families; and
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6 WHEREAS, receiving palliative care can improve a patient's
7 ability to tolerate medical treatments and have more control
8 over the patient's medical care by improving the patient's
9 understanding of choices for treatment; and
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11 WHEREAS, a study published by the New England Journal of
12 Medicine in 2010 found that advanced lung cancer patients who
13 received palliative care had lower rates of depression and
14 better quality of life than patients who only received standard
15 treatments; and
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17 WHEREAS, patients diagnosed with serious or chronic
18 illnesses qualify to receive palliative care at any stage in
19 their illness; and
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21 WHEREAS, family caregivers can also benefit from palliative
22 care as it provides care support on how to manage problems using
23 creativity, more effectively partner with the patient to better
24 manage the patient's symptoms, build a support network, and make
25 better decisions; now, therefore,
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27 BE IT RESOLVED by the Senate of the Twenty-eighth
28 Legislature of the State of Hawaii, Regular Session of 2016,
29 that the Department of Health is requested to establish a
30 palliative care and quality of life advisory council; and
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32 BE IT FURTHER RESOLVED that the advisory council consist of
33 nine voting members who are appointed by the Governor for four-
34 year terms; and
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S.R. NO. 7

1 BE IT FURTHER RESOLVED that the members of the advisory
2 council be selected as follows:

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- 4 (1) One employee of the Department of Health with a
5 background in hospice and palliative care;
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- 7 (2) Two physicians or nurses certified under the hospice
8 and palliative medicine certification program
9 administered by the American Board of Internal
10 Medicine; and
11
- 12 (3) Six members representing persons with work experience
13 in palliative care; persons with work experience in
14 palliative care delivery models in a variety of
15 settings, such as acute care, long term care, and
16 hospice care, and with a variety of populations,
17 including pediatric patients, youth patients, and
18 adult patients; and persons who represent palliative
19 care patients or family members of palliative care
20 patients; and
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22 BE IT FURTHER RESOLVED that the advisory council provide
23 input on continuing education opportunities regarding palliative
24 care for health care professionals, delivery of palliative care
25 in the home and in primary, secondary, and tertiary
26 environments, best practices in delivery, education materials
27 for consumers of palliative care, and referral information for
28 hospice and palliative care; and
29

30 BE IT FURTHER RESOLVED that the advisory council assist
31 each health care facility and each health care service in the
32 State to establish a system for identifying patients or
33 residents who could benefit from hospice or palliative care and
34 provide information to facilitate access to appropriate hospice
35 and palliative care services for patients or residents with
36 serious illness; and
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1 BE IT FURTHER RESOLVED that certified copies of this
 2 Resolution be transmitted to the Governor and the Director of
 3 Health.
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OFFERED BY:

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