

Unlikely Way to Cut Hospital Costs: Comfort the Dying

Palliative-Care Unit Offers Painkillers and Support, Fewer Tests, Treatments

Playing Santa in August

By GAUTAM NAIK

RICHMOND, Va. — The palliative-care unit at Virginia Commonwealth University medical center offers plush carpeting, original watercolors and a kitchen for visiting families. A massage therapist drops by often, and a chaplain is available 24 hours. And there's High Anxiety, a fluffy white lhasa apso that patients love to pet.

In an era of skyrocketing health-care costs, such perks might seem misplaced. In fact, it is all part of an approach that has helped VCU save millions of dollars in an area that is notoriously expensive: treatment of patients diagnosed with incurable illnesses.

Palliative care focuses on comfort, not cure. It tries to relieve a patient's physi-

Care, Not Cure

Average cost for terminally ill patients in palliative and nonpalliative programs during their final five days at one hospital

	NON-PCU	PCU
Drugs and chemotherapy	\$2,267	\$511
Lab	1,134	56
Diagnostic imaging	615	29
Medical supplies	1,821	731
Room & nursing	4,330	1,708
Other	2,152	278
Total	\$12,319	\$5,313

Note: PCU stands for palliative care unit. Each figure represents average cost of last five days for a cancer patient aged 65-plus, prior to in-hospital death. Figures are for 2001 and 2002.

Source: Virginia Commonwealth University medical center

cal and psychological distress, instead of preserving life at any cost. Though palliative care is standard practice in some countries, especially in Britain, it has been slow to catch on in the U.S., where many doctors prefer to use the latest technology or drug to prolong a patient's life, if only for a few months. Fewer than 20% of community hospitals in the U.S. use the approach, according to the American Hospital Association.

"It's counterintuitive to the high-tech American model of health care," says Sheldon Retchin, chief executive officer of the VCU health system.

Now, palliative care is getting new attention, not just because proponents view it as humane, but because it is usually cheaper than standard care. In 2002, there were palliative-care programs in 844 community hospitals, 18% more than in the previous year. In palliative programs, less money is spent on drugs, diagnostics, tests and last-ditch treatments.

At VCU, for instance, a typical five-day stint for a cancer patient cost \$5,312 in the palliative wing—57% less than it cost to house a similar patient elsewhere in the hospital. VCU officials calculate that the 11-bed unit, which opened in May 2000, saved the hospital \$1 million last year, when the palliative wing broke even for the first time.

As they spread, palliative-care programs promise to feed the debate over how to ration the nation's limited health-care resources—especially in the expensive last days of life in a hospital. The VCU unit has been chosen as a model for other hospitals by the Center to Advance Palliative Care, based at New York's Mount Sinai School of Medicine, which wants to popularize the concept by emphasizing both the humane and economic case for such care.

Though palliative care has been recognized as a medical specialty in Britain since 1987, it doesn't enjoy the same stature here. Most hospital CEOs in the U.S. are more familiar with making a profit by, say, installing a new CAT-scan ma-

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