

**United States Senate,
Special Committee on Aging**

June 13, 2012

**Testimony of Albert Gutierrez, President and CEO
Saint Joseph Regional Medical Center,
A Ministry Organization of Trinity Health, Novi, Michigan**

Prescriptions for Hope

Introduction

Distinguished members of the Senate committee, colleagues in health care and members of the public, I am honored today to give testimony, on behalf of Saint Joseph Regional Medical Center, on the issues related to improving health care for individuals with advanced illness.

We all know that navigating our health care system is not easy. It becomes even more complex when a loved one has an advanced illness, particularly an illness that brings the end of life.

I will attempt to take a very complex issue about which volumes have been written and consolidate it into my allocated time today.

For the purposes of these proceedings, there are several structural elements related to empowering patients and honoring individual decisions in care.

A Prescription of Hope for Suffering

Part of the wide variation in treatment modalities for suffering, and its related expressions, is the wide variability in individual tolerance to suffering – the tolerance of the patient, but also the tolerance of the loved ones who are watching the person suffer. Suffering occurs when one is deprived of clinical and emotional support. When we observe suffering in another human being, God gives us all the remarkably reflexive response to preserve life. I'm sure the committee has witnessed this behavior in the selfless heroism of our soldiers on the battlefield and the individuals who rushed to help those who were injured or afraid at Ground Zero, among innumerable other examples. This instinct to help a fellow human being is remarkable.

Countless times every day in health care facilities around our country, this natural instinct to help and heal arises in the compassionate caregivers who receive the suffering at their doors. Unfortunately, in pursuit of a noble goal – relief of suffering – we frequently offer ineffective, costly and painful procedures. But, this does not have to be the way. We actually know what patients want in advanced illness. They want us to minimize their pain, reduce the burden on their families and to give them some control over what is happening. These patients

also want to avoid prolonging the dying process, and they want to strengthen relationships with their loved ones.

Sounds simple, doesn't it? This is where faith can make a big difference. My hospital, Saint Joseph Regional Medical Center, is part of Trinity Health, a Catholic health care system working to alleviate suffering across communities in ten states. Caring for the body, mind and spirit of every person we touch is core to our Mission, and embedded in the words of our Mission statement. One way we are living this out is through an initiative to promulgate palliative care programs across our health system during the next year.

As a ministry of the Catholic Church we believe every human life is worth living. Palliative care reflects our commitment to respecting the dignity of every human person. We believe palliative care to be a prescription of hope for suffering.

A Prescription of Hope for Society

Good medicine is ethical medicine and good medicine yields high quality, cost-effective outcomes. Palliative care, including hospice care, allows us to deliver good medicine. Very simply stated, palliative care is patient- and family-centered care that optimizes quality of life by anticipating, preventing and treating suffering. What is truly amazing about palliative care is that, while it alleviates suffering for the patient and family, it improves the quality of the care and reduces costs.

Here are some sobering statistics to consider: The average number of physician visits required by patients in the last six months of life is 34.8 – in other words, these patients need to see the doctor almost six times a month (Premier Health ACO Readiness Assessment, 2011). There are better ways for one at the end of life to spend their time.

We know that extensive use of health care resources does not enhance the quality of life at the end of these precious lifetimes. In fact, research shows that in the final week of life, “less really is more.” High scores on measures that assess the quality of death are most closely correlated with lower per capita cost (Zhang, B. et al. Arch Intern Med 2009; 169: 480-488).

Patients should know they have a choice – they have a right to forgo costly, burdensome, extraordinary or disproportionate interventions that merely extend the length of life with no reasonable hope of real benefit. Palliative care is higher quality care with better outcomes. Why? Because palliative care clarifies goals

with patients and families. Palliative care helps families select the appropriate medical treatments and care settings that best meet these goals. And, palliative care helps patients navigate a very complex health care system.

At Saint Joseph Regional Medical Center, we help families with those hard decisions about if, or when, to withhold death-prolonging treatments, while respecting the sanctity of life and not accelerating the process of dying.

In order for a patient to make sound decisions within those parameters, they must be engaged in conversation. Herein lies the hope that we as a society can ensure these conversations are happening. As Catholics, we call this being “good stewards of our resources.” We need to use deep discernment to provide the right resources at the right time.

A Prescription for Hope for Each Precious Life

At the core of our prescription for hope is establishing the vital conversation between individuals, their loved ones, and their care providers – a conversation that is currently not occurring enough across our country. Failure to decide on advanced directives, and make their individual wishes known to their family members ahead of a crisis, leaves people left to face those critical decisions in the midst of highly charged physical and emotional circumstances. It is all of our responsibility, distinguished members of the Senate, to empower our citizens to make informed decisions about advanced illness and end-of-life care.

Let me share a story with you. I challenge you to listen closely to identify the threads of hope embedded within this true story. It demonstrates the issues that can arise when we don't have those crucial discussions before a time of serious illness. It also demonstrates how we, at Saint Joseph Regional Medical Center, rose to the occasion to do our best despite difficult circumstances.

A 60-year-old man who had suffered a massive stroke showed up alone at our emergency room. After appropriate CAT scans and other examinations, the doctors agreed that the damage was so great he would not recover. Someone called the only number on his cell phone list, his boss, who said the man had no known family. Our Saint Joseph Regional Medical Center legal staff exerted every effort to locate his next of kin, even getting permission to search his apartment for an address book, all to no avail. The doctors had determined that the curative line of care was not possible, and his boss was not willing to take the responsibility of serving as his guardian. We convened an ethics conference and, based upon our

recommendation, the judge appointed a guardian. After extensive discussions with the doctors and a clear understanding of the medical facts, the assigned guardian decided that the best interest of the patient was to remove the hopeless extraordinary interventions and move him to hospice care. She visited him regularly to ensure that he was always clean and comfortable before he died 10 days later. Because he had identified himself as an organ donor on his state identification card, we were able to use some of his tissue to help others in their healing process. Saint Joseph Regional Medical Center paid his funeral expenses, and he was buried in a local cemetery.

So, did you see the hope in that end-of-life story? The patient died with dignity, with his desire to be an organ donor fulfilled. Embedded there, too, is the message of hope for each precious life. With more attention and tools, we can have the blessing of a better end bestowed upon each of us.

Closing Recommendations

I want to leave you with some concrete recommendations based on our experience at Saint Joseph Regional Medical Center. As a Catholic institution, we are committed to caring for every person who comes through our doors, and to making sure that commitment sustainable. We have long encouraged the kind of conversations that I described as prescriptions for hope, and we are making deliberate choices to help that happen more consistently. Here's what I urge you to include in our nation's health care policy:

First, we need to ensure that palliative care programs and providers are in place across our country. Holding true to our Catholic values, Trinity Health is doing its part and advancing an initiative over the next year to assure that a palliative care program is present in all of its hospitals. Programs like ours help patients, especially seniors, navigate the very complex health care system. They also will provide trained professionals who can assist our seniors, our patients with advanced illness, and all their families with critical "what if" conversations when they need it most – when they are healthy.

Second, we need to shine light onto end-of-life care as a societal issue to be addressed. No longer should it remain in the shadows. Faith-based organizations such as ours stand ready and willing to initiate this national conversation. Americans have widely divergent views on dying, death and life after death, and many of our fellow citizens prefer not to face the issues at all. Too long has our country shied away from these tough conversations,

and our inability to deal with it is causing our citizens to suffer physically, emotionally and economically. The time for this is well past.

Third, we need to establish the guarantee that no one dies alone. Just as we saw with the end-of-life care given to the stranger who came to our door – including the expert involvement of hospice – we are committed to providing comfort and dignity to every person. But no one should have to face the end of life alone. I believe part of the instinct that I talked about – to help the sufferer – means that even when our efforts fail, even when we cannot save or heal, our human solidarity means that we do not abandon them in those last moments. The comfort of that hope, that recognition of the common good, can free us all to make the choices that are best for each of us, our community and our nation.

About Saint Joseph Regional Medical Center

Saint Joseph Regional Medical Center is a not-for-profit, multi-hospital health system located in North Central Indiana.

Our system includes:

- 254-bed acute care hospital at the Mishawaka Campus
- 58-bed acute care hospital at the Plymouth Campus
- 40-bed Saint Joseph Rehabilitation Institute
- 20 practices of the Saint Joseph Physician Network
- Community health centers and additional points of access

The first institution in South Bend to care for the sick, Saint Joseph's Hospital was established in 1882 by the Sisters of the Holy Cross. Today, SJRMC is a Ministry Organization of Trinity Health. We provide personalized, faith-based care paired with the latest in advanced medical technology and procedures.

We are proud to provide private rooms at all of our hospitals, as we strive to create a healing environment and deliver excellence in the patient care experience. In addition, thanks to tremendous support from our communities and the fundraising efforts of our Foundation, our community health centers and outreach programs provide critical medical services for the uninsured and underinsured members of our population.

At SJRMC, our values give us strength. That character guides every decision we make - even when those decisions are complicated, costly, or hard. We honor our mission to heal body, mind and spirit by investing in technology, people and capabilities that allow us to set the standard for quality care. Because we answer to a higher calling.

For more information about SJRMC, visit www.sjmed.com

About Trinity Health

Trinity Health is among the largest Catholic health care systems in the country. Based in Novi, Mich., Trinity Health operates 49 acute-care hospitals, 432 outpatient facilities, 33 long-term care facilities, and numerous home health offices and hospice programs in 10 states. Employing about 56,000 full-time staff, Trinity Health reports about \$9.0 billion in unrestricted revenue. As a not-for-profit health system, Trinity Health reinvests its profits back into the community through programs to serve the poor and uninsured, manage chronic conditions like diabetes, health education and promotion initiatives, and outreach for the elderly. In fiscal 2011, this included more than \$453 million in such community benefits. For more information about Trinity Health, visit www.trinity-health.org, follow @TrinityHealthMI on Twitter, or become a fan of the Trinity Health Facebook page at www.facebook.com/trinityhealth