

This issue of the newsletter focuses on improving end-of-life care.

HOT TOPICS

Americans Live Healthy Lives Well into Old Age

The pattern of American life and death has shifted dramatically in the last century. People live longer, healthier lives. Relatively few die of acute causes. Instead, most Americans die from lingering illnesses that eventually prove fatal. So, two apparently contradictory statements are both true: Most elderly people are healthy. However, nearly all will be chronically ill for an extended period at the end of their lives.

For most elderly Americans, a major path to the end of life is frailty. Frailty is the deterioration and ultimate failure of multiple body systems. Cause of death is frequently ambiguous, because most frail elderly suffer from overall decline and multiple conditions.

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 ► [Patterns of Functional Decline](#)

Frail Elders Face a System Designed for Younger People and an Earlier Era

Today's health care is organized by setting: hospital, hospice, home, nursing home, doctor's office. Although the elderly move frequently from setting to setting, care across all settings is almost never coordinated.

Within the setting, health care focuses on diagnosis. The diagnosis drives the course of care and treatment. However, chronically ill people coming to the end of life ordinarily have multiple diagnoses, none of which may be particularly revealing about overall severity of illness. Furthermore, a specific diagnosis may not shed light on their needs. For example, they may have greater need for help in daily functioning—grocery shopping or in-home supervision—than for a particular course of treatment.

READ MORE ► [Shortcomings in the Current System](#)
 ► [Sourcebook on Improving End-of-Life Care](#)

Coming Soon: The Boomers Turn 85

By 2030, the baby boom generation of the 1950s will begin to turn 85, an age when most people are showing evidence of frailty. In 2000, 4.2 million Americans were 85 or older. In 2030, the number will be 9 million.

The final years of life account for the overwhelming preponderance of all health care costs incurred during one's lifetime. As the baby boomers age, health care costs—and the pressure on Medicare and Medicaid—will increase dramatically.

A related demographic is the dwindling pool of potential caregivers. By 2010, when the baby boomers start to retire, the number of middle-aged women (the group that staffs most nursing homes and provides most paraprofessional care) will be smaller than it is now. At the same time, the number of family members available for caregiving may be reduced by today's smaller families.

READ MORE ► [Here Come the Boomers](#)

Policy Issues for End-of-Life Care

Options meriting further consideration:

- **Encouraging caregiving.** Approaches include offering caregivers higher wages and benefits, including health, disability and retirement benefits; providing pay and/or graduated tax credits for family caregivers.
- **Reallocating federal financing to promote continuity of care.** For instance, performance criteria could be developed and payment could be conditional on providing the full range of services over time and in all settings.
- **Evaluating the costs versus benefits of care.** This is a difficult and emotional issue. However, many elderly people, if their wishes were heeded, would limit the amount of expensive medical treatments they receive at the end of life, preferring more reliable nursing care and family support. The challenge is to develop a method for matching the federal budget for care of those with fatal chronic illnesses to the problems and concerns of families and patients.
- **Assessing life possibilities for dementia.** About half of those over 85 will eventually live with a cognitive deficit. Society needs to develop a public discourse about the merits of prolonging life for those with serious and progressive dementia.
- **Defining priorities.** Nearly every group involved in care for the elderly is pushing its own agenda. Most would like to increase their own payments. However, a better approach would be to forge an alliance of stakeholders and experts to develop a short list of priorities to provide reliable end-of-life care for every American.

READ MORE ► [Addressing the Challenge of Sustainable Health Care Reform](#)

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This newsletter summarizes RAND research reported in the following: Lunney JR, Lynn J, Foley MS, Guralnik JM. Patterns of Functional Decline at the End of Life. *Journal of the American Medical Association*. 2003; 289(18): 2387-2392. Lynn J, Forlini JH. "Serious and complex illness" in quality improvement and policy reform for end-of-life care. *Journal of General Internal Medicine*. 2001; 16(5):315-319. Lynn J, Schuster JL, Kabcenell A. *Improving Care for the End of Life: A Sourcebook for Health Care Managers and Clinicians*. Oxford University Press, 2000. Somogyi-Zalud E, Zhong Z, Hamel MB, Lynn J. The use of life-sustaining treatments in hospitalized persons aged 80 and older. *Journal of the American Geriatrics Society*. 2002; 50(5): 930-934. Lynn J, Adamson D. *Living Well at the End of Life: Adapting Health Care to Serious Chronic Illness in Old Age*. RAND, WP-137, 2003.