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Duke Expert Urges Next U.S. Surgeon General to Address End-of-Life Care
for Older Americans

James W. Holsinger Jr., President Bush's nominee for surgeon general, said nothing about care for older Americans last week when he announced his priorities for the post during confirmation hearings with the U.S. Senate. This is a serious omission from the platform of the would-be "nation's doctor," said Richard Payne, director of the Duke Institute on Care at the End of Life.

"Topics related to end-of-life care, such as hospice and pain and symptom management and social and spiritual support, are especially important now that Americans are living longer lives," said Payne, a neurologist and member of the National Commission on the Future of Long Term Care. "Public health campaigns led by previous surgeons general have not only increased our longevity, but they also have increased the likelihood that Americans will encounter an increased burden of illness and a greater need for custodial care."

Payne noted that about 40 percent of people receiving Medicare benefits die not of cancer or heart disease, but because of progressive frailty. Further, seniors typically experience two years of increasing disability prior to death. All of this points to the need for a surgeon general who will champion comprehensive care for Americans who are near life's end.

"Our next surgeon general should use his or her office to educate the public about hospice care and related services for those facing advanced illness, advocate for a new vision of long-term care in America, and lead a national discussion concerning the role of faith communities in caring for the aging and their caregivers," Payne said.