Palliative Care Information Act

Effective February 9, 2011, Chapter 331 of the Laws of 2010 (commonly known as the Palliative Care Information Act) amends the New York State Public Health Law to require physicians and nurse practitioners to offer terminally-ill patients information and counseling concerning palliative care and end-of-life options. Under the law, information and counseling concerning palliative care and end-of-life options must be offered to patients with an illness or condition that is reasonably expected to cause death within six months. **We believe that it is difficult to accurately predict life expectancy and so feel that to comply with this law we must offer to provide information to all of our patients.**

Palliative care, as defined by the law, is "health care treatment, including interdisciplinary end-of-life care, and consultation with patients and family members, to prevent or relieve pain and suffering and to enhance the patient's quality of life, including hospice care." The Palliative Care Information Act is intended to ensure that patients are fully informed of the options available to them when they are faced with a terminal illness or condition, so that they are empowered to make choices consistent with their goals for care, and wishes and beliefs, and to optimize their quality of life. The law is not intended to limit the options available to terminally ill patients, nor is it intended to discourage conversations about palliative care with patients whose life expectancy exceeds six months.

The regulations state that the "attending health care practitioner" must offer to provide patients with a terminal illness with information and counseling regarding palliative care and end-of-life options appropriate to the patient, including prognosis, range of options appropriate to the patient, risks and benefits of various options, and the patient's "legal rights to comprehensive pain and symptom management at the end of life."

More information about this regulation is available at: http://www.health.ny.gov/professionals/patients/patient_rights/palliative_care/

More information about palliative care is available at: http://www.getpalliativecare.org

Please check the appropriate box below, sign and date:

___ I wish to be informed of palliative care options.

___ I do not wish to be informed of palliative care options. I acknowledge that I may request such information at any time.

_________________________     _________________
Signature of Patient       Date