

Palliative Care Information Act (PCIA)

What is the Palliative Care Information Act (PCIA)?

Effective February 9, 2011, NYS enacted the Palliative Care Information Act (PCIA). Under PCIA, physicians and nurse practitioners are required to offer terminally-ill patients information and counseling concerning palliative care and end-of-life options such as:

- a) Prognosis
- b) Range of options appropriate to the patient;
- c) Risks and benefits of various options;
- d) Patient's "legal rights to comprehensive pain and symptom management at the end of life"

The law 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, wishes and beliefs, and optimize their quality of life. It is not intended to limit the options available to terminally-ill patients.

The information or counseling can be orally or in writing.

Which patients would be subject to PCIA?

The PCIA focuses on patients with a medical condition that is expected to cause death within six months.

What is palliative care?

Palliative care, as defined under PCIA, 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.

Is palliative care the same as hospice?

Hospice care is a type of palliative care for people who are likely to have six months or less to live. When medical treatments cannot offer a cure, hospice provides care, comfort and support for persons with life-threatening illnesses and their families.

Palliative care is appropriate at any stage of a serious illness, whether that illness is potentially curable, chronic or life-threatening. Palliative care is appropriate for a much broader group of patients than hospice.

Both hospice and palliative care offer a personalized plan of care, delivered by an interdisciplinary team that incorporates what is important to the patient and his or her caregivers in order to achieve the best possible quality of life for patients and their families.

What if the patient lacks decision-making capacity?

If the patient lacks decision-making capacity, the information and counseling must be provided to the person who has authority to make health care decisions for the patient.

What types of medical providers are subject to this law?

Physicians and nurse practitioners who are serving as a terminally-ill patient's attending health care practitioner are subject to the requirements of this law. Physician assistants and other health care professionals may also, consistent with their scope of practice, provide information and counseling about palliative care and end-of-life options, but are not required to do so under this law.

Are there circumstances in which information and counseling about palliative care and end-of-life options need not be provided?

The information and counseling must be *offered*, but it need not be provided if the patient or his/her authorized decision-maker, declines the offer.

What if my doctor is not willing to provide this information and counseling to me?

Your doctor must then arrange for another physician or practitioner to do so or refer or transfer you to another physician or nurse practitioner.

If a patient receives care from several health care providers, are all of them required to offer palliative care and end-of-life information and counseling?

All physicians and nurse practitioners who have primary responsibility for care and treatment of a patient are subject to the law's requirement to offer palliative care and end-of-life information and counseling. However, when there is more than one health care practitioner primarily responsible for a patient, the law allows them to agree to assign that responsibility to one of them. The assignment should then be reflected in the patient's medical record.

When should the offer of palliative care information and counseling be made?

It must be offered at the point in time that the physician or nurse practitioner reasonably expects the patient's condition to cause death within six months, whether or not treatment is given. Given the uncertainty inherent in an individual's prognosis, it is often appropriate to discuss palliative care options with seriously ill patients earlier in the disease progression, when the patient's life expectancy is expected to exceed six months.

In certain cultures, discussions about end-of-life are considered taboo. Is there a cultural exemption from this requirement?

No. The law does not provide an exemption from its requirements based on cultural considerations.