

Access to palliative care in US hospitals still not universal

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Despite rapid expansion in hospital palliative care programs in the U.S., access to these programs nationwide varies across geographic regions and depends on factors such as hospital size and tax status, according to a new study published in *Journal of Palliative Medicine*.

In "["The Growth of Palliative Care in U.S. Hospitals: A Status Report"](#), Tamara Dumanovsky, PhD, Rachel Augustin, MPH, Maggie Rogers, MPH, Katrina Lettang, Diane Meier, MD, and R. Sean Morrison, MD, Icahn School of Medicine at Mount Sinai, New York, and James J. Peters VA Medical Center, Bronx, NY, report that while 90% of hospitals across the U.S. with 300 beds or more have palliative care programs, only 56% of smaller hospitals offer these services. Geographic variation showed the highest to lowest penetration of palliative care programs in the New England region, followed by the Pacific, Mid-Atlantic, and South Central.

For-profit hospitals are less likely than not-for-profit or public hospitals to have palliative care programs. Variables associated with a greater likelihood that a [hospital](#) provides palliative care services include presence of a residency training program, links to a medical school, being operated by the Catholic Church, and having an integrated hospice program.

"This report holds both good news and bad. The good news is the inexorable improvement in access to [palliative care](#). The bad news is that this scientifically proven best care is not available to all people in all hospitals," says Charles F. von Gunten, MD, PhD, Editor-in-Chief of ["Journal of Palliative Medicine and Clinical Professor of Medicine, Ohio University"](#).

More information: The article is available free on the ["Journal of Palliative Medicine"](#) website until November 1, 2015.

Provided by Mary Ann Liebert, Inc

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