



WISCONSIN CATHOLIC CONFERENCE

TESTIMONY ON AB 633: PALLIATIVE CARE COUNCIL Presented to the Assembly Committee on Mental Health December 12, 2017

Thank you for the opportunity to testify for information on the creation of a palliative care council through Assembly Bill 633. My name is Kim Wadas and I am the Executive Director of the Wisconsin Catholic Conference (WCC), which serves as the public policy voice for the Catholic Bishops of Wisconsin.

The Catholic Church supports the use of quality palliative care for those who are facing significant health issues. As Pope Francis has stated:

Palliative care is an expression of the truly human attitude of taking care of one another, especially of those who suffer. It is a testimony that the human person is always precious, even if marked by illness and old age. Indeed, the person, under any circumstances, is an asset to him/herself and to others and is loved by God. This is why, when their life becomes very fragile and the end of their earthly existence approaches, we feel the responsibility to assist and accompany them in the best way.¹

Human life is a sacred gift from God and an inalienable right, deserving of protection. This is not merely a “Catholic” proposition, nor a uniquely Christian one. It is, rather, a “self-evident” proposition, recognized as such by the Founders of our nation. While as a society we cannot cure every illness, we can and must show compassion and support for each and every person suffering grave illness.

Quality palliative care that supports those who are seriously ill, with the goal of improving that person’s life and that of their loved ones, is the proper response to human suffering and disease. Recent studies show that when patients receive proper physical, psychological, emotional, and spiritual care, they live longer and score substantially higher on quality of life measures. We support and encourage efforts to provide more quality palliative care options for patients in Wisconsin.

However, any public policy designed to aid those who are vulnerable and facing serious illness must emphasize principles that benefit both the individual and our society. The provision of palliative care cannot include any means of treatment that values expediency over life. Nor can we encourage a system of care that places undue cultural, financial, or other pressure on an individual to hasten the end of his or her life. Therefore, we respectfully request that the

¹ Address of His Holiness Pope Francis to Participants in the Plenary of the Pontifical Academy for Life (March 5, 2015), http://w2.vatican.va/content/francesco/en/speeches/2015/march/documents/papa-francesco_20150305_pontificia-accademia-vita.html

definition of palliative care, as referenced in AB 633, specifically exclude any attempts to assist in or intentionally hasten death.

Also, as the goal of palliative care is to prevent the relief of both the symptoms and stress of serious illness, the design of the palliative care council should include representatives who can address not only the medical, but also the familial, emotional, financial, societal, and other needs of those facing illness. We therefore request that the committee consider altering the council's statutory design to include greater representation from among those who have personally experienced serious illness or their caregivers and advocates.

Finally, AB 633, under a proposed s. 146.695(5)(c), requires the palliative care council to submit a report analyzing the policies, practices, and protocols concerning patients' rights related to palliative care. This analysis would include the practices and protocols used for discussion of life-sustaining treatment and advance directives, as well as informed consent and disclosure. While having insight from palliative care professionals and advocates on these practices is necessary and important, conversations regarding these issues are broached in numerous settings, including family gatherings, houses of worship, and in consultation with legal counsel. It would therefore seem more appropriate that these policy discussions regarding best practices and protocols take place among a wider variety of stakeholders.

As palliative care is about the alleviation of symptoms, its benefits extend beyond those facing death. Wisconsin has made incredible progress in providing palliative care, but there remains the need for greater collaboration and training among health care professionals and others who aid those facing serious illness. We are deeply indebted to physicians and other professionals who continually strive to provide compassionate and appropriate care for their patients. As individuals and as a society, we can and must comfort those facing serious illness and reassure them that we cherish their continued presence. We can and must tell them that their need does not diminish their value. For all these reasons, the WCC requests that AB 633 be altered to ensure that those who suffer are comforted and reassured by our state's commitment to their care.

I hope these insights are helpful to you. Thank you for the opportunity to offer them.