Leadership and advancing the health of the nation requires courage and great risks. As we await the outcome of the Supreme Court’s decision on the Affordable Care Act, and confront the rising fear of unexpectedly slow economic recovery and high unemployment, it is time to have the leadership, courage, and risk to dialogue about death and dying. The crisis, costs, and politics caused by unattended health care issues, in this case, the escalating costs incurred at the end-of-life as well as the difficulty most individuals experience while discussing death, has created the “perfect storm.” With the recent release of the Institute of Medicine report on The Future of Nursing (2010) and the call for nurses to lead and advance health, Nursing Economic$ has chosen to manage the storm’s chaos with a special issue dedicated to examining “How Can We Afford to Die?” This issue demonstrates the best evidence from nurse leaders on and about the end-of-life topic, including care and costs. It takes real leadership, courage, and commitment to have this dialogue.

With the vision, insight, and commitment to openly address the life and cost crisis experienced at or near death, our Special Issue Guest Editors Dr. Christine Kovner and Dr. Edward Lusk provide a road map to an evidence-based inquiry on why improving end-of-life care needs to be a national priority. Their Introduction, Action Plan, and Epilogue, along with the series of research reports by our contributing authors, demonstrate the significant ways nurses and others are redesigning and responding to the needs of dying patients and their families. This special issue is a remarkable contribution that details the necessary evidence to provide sustainable, positive change in health care delivery so that all citizens can afford to die with choice and dignity. It is nursing’s imperative to bring urgency and action to end unnecessary suffering and create solutions where care and conversations occur prior to a patient’s actual end of life.

Dignity Death Imperative

Nursing Economic$ will lead this Dignity Death Imperative by disseminating the Hospice-Palliative Action Plan at the Opening Session “How Can We Afford to Die?” at the 5th Nursing Economic$ Summit in Washington, DC, on June 6, 2012. Please join us and learn how to integrate this Action Plan into your education, practice, and research agendas. Additionally, we will ensure that all thought leaders and stakeholders in the health care and business industry, as well as Presidential and Congressional candidates, receive a copy of this special issue. Now is the time to bury past demons and discussions surrounding “death panels” and replace them with conversations on progressive approaches to expanding hospice and palliative care, and the use of advanced directives in the United States. The editors and authors of this special issue have provided real and innovative ways towards cost-saving and quality-of-life measures around end-of-life care as opposed to the traditional, isolated, and heroic measures.

The authors have articulated the urgency in which how we die in America must be made a central component of patient-centered care and health care. It is not enough to just know what a patient desires, but rather ensure he or she understands what is truly available and provide all necessary measures in the most effective, efficient way possible. Nurses must take the lead and demonstrate the courage in providing the essential steps on how to talk about human suffering, pain, death, and dying openly and transparently. Unless we advocate personally, professionally, and politically, no American will be able to afford to die with dignity now and in the future. We will all die at some point, so why not create a culture that’s comfortable with thinking and talking about death and dying?

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Courage and Bravery

Nurses are well positioned to advocate for death with dignity, and to seek regulatory and legislative support that recognizes the need for physicians and other health care professionals to provide consultation about what actually inhibits and fosters better end-of-life care. There must be incentives that promote and support better care as well as punitive reimbursement policies for excessive end-of-life treatments that only prolong life. The evidence in this special issue demonstrates that nurses understand the components of better end-of-life care at better costs. We hope every nurse will use this evidence as well as his or her courage and bravery to heed the call for both dialogue and action. We at Nursing Economics thank our dedicated Guest Editors Drs. Kovner and Lusk for their courage to bring the death dialogue to our attention. It's time.

REFERENCE