

Rapidly changing healthcare landscape: Observations and adaptations in end-of-life care

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Sacred moment

- “If all of being is a mountain, rationality is a tiny robot scanning it. On the surface. In the dark. With a flashlight.
- Healing is listening. Like the basilica, with its living silence, listening creates a space for someone to curl into and be held. Listening is the most delicate form of reaching out. It is the simplest and most powerful thing we can do for one another.

(Runkle, 2017)

Objectives

- To provide an overview of the changing landscape of healthcare
- To consider some of the potential repercussions of the changing landscape on end-of-life care.
- Offer ways of “being” in a changing environment that are not fully reliant on outside resources

Changing landscape of Healthcare

- Insurance coverage shifts
- Consolidation
- Payment, costs, and coverage for pharmaceuticals
- Exponential advancements in life sciences

(Burke, 2025)

Insurance

- ACA passed 2010

 - Uninsured individual declined significantly to nearly half of what it was prior to the ACA.
 - A portion of the increasing coverage due to expansion of Medicaid
 - Expanded further during COVID
 - Potential expiration of subsidies for the exchange
 - Potential tax cuts set to expire 2025
 - Possible reduction in state incentives
 - Possible implementation of new requirements such as obligation to be employed
 - **Predicting the impact of potential Medicaid cuts on coverage and the rate of uninsured is difficult.**

(Burke, 2025)

Consolidation

- Horizontal consolidation (between the same types of organizations like hospitals)
- Vertical consolidation (across different types of entities like insurers acquiring pharmacy providers, or hospitals acquiring physician practices)
- Lab chains buying hospital labs, big hospital systems getting bigger, the proliferation of mergers and acquisitions.
- “Today”: entities exist today but may not exist in the future
- “Tomorrow”: ample resources and tend to be significant enough size that they can easily purchase or financially dominate competing entities.
- “Striving survivors”: are attempting to adapt to survive in the future so they can be tomorrow entities.

(Burke, 2025)

Payment, costs, and coverage for pharmaceuticals

- Research and development
- End to cap on some medications cost to patient

(Burke, 2025)

Advancement in life sciences

- CRISPR
- Gene therapy
- mRNA research
- Food and drug administration
- National institutes of health
- New appointments to federal departments
- Policy and funding around life sciences
- Regulatory sciences: the science of developing new tools and standards, and approaches to assess for safety, effectiveness, quality, toxicity, public health impact, or performance of FDA regulated products.

(Burke, 2025)

Curiosity & Holding

- Holding: another person often an authority figure contains and interprets what's happening in times of uncertainty. Containing refers to the ability to soothe distress and interpreting to the ability to help others make sense of a confusing predicament.
- Holding is more obscure and seldom celebrated facet of leadership
- Not to shelter from distress or turns of fate helps find words to name experience and ways to manage it
- Interpersonal holding vs institutional holding
 - Permission and curiosity
 - Vulnerability

(Petriglieri, 2020)

Vulnerability

- Curious and humble
- Self report: reported higher error rates not lower ones
- Cultivate an interpersonal climate where all feel empowered to speak
- Everyone is on the same page about the risks ahead
- Hierarchy is a risk factor, but not deterministic
- Healthcare by nature is complex and error prone
- Immense vigilance and ongoing explicit discussion about vulnerabilities
- Moment to moment learning

(Redford, 2019)

Vulnerability

- Can be paternalistic and oppressive; it can serve to widen social control, and labelling groups as vulnerable can result in exclusion and stigmatization.
- Disempowerment: attention placed on deficits, dependency and passivity, rather than challenges, opportunities, and autonomy and self-determination.
- Problems of vulnerability reducing agenda; aims to eliminate all vulnerability suffering abnormality, deafness, and disability in order to create perfect human beings.
- New system for categorization in medical records

(Clark & Preto, 2018)

Vulnerability

- Situates problems internally
- Underserved, calls attention to systemic issues that result in unmet needs
- To be human is to be vulnerable

(Clark & Petro, 2018)

Leading with vulnerability

- “Holding” starts with out courage, not with bestowing safety upon others from a place of authority.
- What does/can this look like?

(Clark & Preto, 2018)

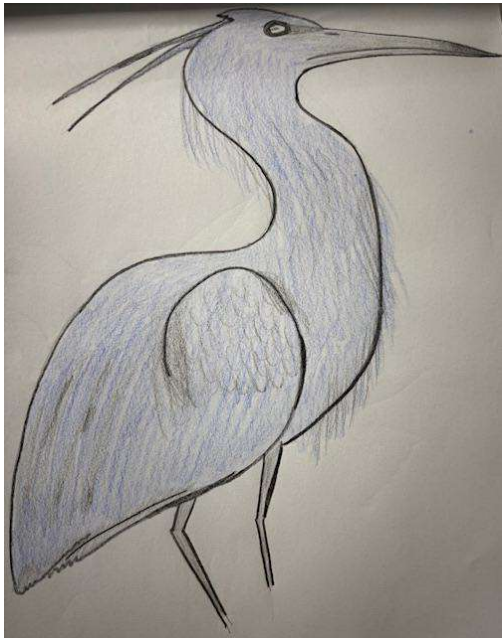
Thank you!

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