## Argument Map Final Draft

"End-of-Life Care Needs Concrete Reforms, Not Sweeping Rhetoric."

| Scholarly Source? | Yes:__No: X |
| :---: | :---: |
| Citation: | The Boston Globe. "End-of-Life Care Needs Concrete Reforms, Not Sweeping Rhetoric." September 28, 2014. The Boston Globe. |
| Standpoint: | A newspaper's editorial staff, newspapers today are more and more "for-profit"-we're not sure what their position on the issue is (although we might do a bit of research to see The Boston Globe's stance on similar issues) |
| Conclusion: | End of life care needs to be reformed and giving patients and their families more choice may be the best way to do that |
| Values/Assumptions: | People want to die with dignity |
| Counter-Argument: | People worry about bean counters ("death panels"); ingrained health practices seem to frustrate attempts to reform them |
| Claim 1: | We need to allow patients to have more choice and help them avoid hospitalization at the end of their lives |
| Supporting Evidence: | There needs to be a clear shift away from fee-for service medicine and more talking with patients |
| Values/Assumptions: | Interpersonal interaction between patients and their doctors is important |
| Counter-Argument: | This will take time and face resistance from powerful groups |
| Claim 2: | We need to identify immediate reforms to end-of-life care |
| Supporting Evidence: | 1. One way is for insurers to provide financial incentives for services like home health care (such services would decrease the need for emergency/acute care at the end of life) <br> 2. Provide physicians with a financial incentive to provide end-of-life counseling <br> 3. Create and implement an end-of-life care program where doctors can document their patient's wishes (such a program was adopted by $3 / 4$ of the health care providers in Massachusetts) |
| Values/Assumptions: | People would use and would prefer home health care |
| Counter-Argument: | Redesigning Medicare, etc. would require new legislation; how quickly some of these changes would impact end-of-life care are unknown |

