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**NOBEL Women Resolution to Educate, Empower and Advocate around End-of-Life Care**

**COMMITTEE: Health (HEA) RESOLUTION:** HEA-19-05

1. **WHEREAS**, the National Organization of Black Elected Legislative Women
2. (N.O.B.E.L.) is the foremost organization serving and representing the interests
3. of current and former Black female state legislators from all states, commonwealths and
4. territories of the United States and the Western Hemisphere and serves as a catalyst for
5. joint action on issues of common concern to all segments of the community; and we are
6. committed to educating our communities to make informed end-of-life decisions.
7. **WHEREAS**, NOBEL recognizes that African American disparities extend to the
8. end-of-life process, and recommends that families educate themselves on all aspects of
9. end-of-life planning including advance healthcare directives, healthcare proxies, wills,
10. trusts, powers of attorney, and end-of-life options.
11. **WHEREAS**, Duke Divinity School survey found that only 50% of African Americans
12. have talked with family members about their end-of-life care and 20% have never
13. discussed end-of-life wishes with anyone; and
14. **WHEREAS**, it is imperative to empower our community with information to better make
15. informed decisions when planning for the end of life and have candid conversations with
16. friends, family, faith leaders and medical providers about end-of-life care before a time of
17. crisis.
18. **WHEREAS**, in 2011 the National Center for Health Statistics reported that only 35% of
19. African Americans have completed advance directives and identified a power of attorney
20. compared with 70% of their white peers; and
21. **WHEREAS**, advance healthcare directives are state-specific free legal documents to
22. choose medical treatment options in case one is unable to make decisions because of
23. illness or infirmity and to appoint a healthcare proxy to speak on one’s behalf.
24. **WHEREAS**, according to the National Hospice and Palliative Care Association, only 8%
25. of hospice users are African American, and hospice care is a health service that
26. provides comfort care to patients, in-home or at a facility, in their final phase of illness or
27. within six months of death. Hospice care should be accessed as early as possible as
28. there is an emphasis on patient support and the entire spectrum of improved quality of
29. life. Hospice staff and caregivers provide holistic care rather than a curative emphasis;
30. **WHEREAS**, palliative care is a compassionate interdisciplinary approach (doctors,
31. nurses, faith leaders, other medical professionals) to specialized medical and nursing
32. care for people with chronic and terminal illnesses. The ultimate goal is improving the
33. quality of life for the patient and their support network by focusing on providing pain
34. relief, and physical and mental stress support at any stage of illness,
35. **WHEREAS,** according to a 2006 study in the Journal of Palliative Medicine, as
36. compared to white peers, African American patients are more likely to have their pain
37. underestimated and undertreated; and
38. **WHEREAS**, according to the National Center for Health, just 13% of African Americans
39. have a living will in place compared with 32% of whites. African Americans are less
40. likely to purchase long-term care insurance, term life insurance, whole life insurance,
41. disability insurance, homeowners' insurance, or to complete estate planning.
42. **WHEREAS,** wills and trusts are vital components of estate planning and should be
43. considered in end-of-life discussions. (Some documents should be completed with the
44. assistance of an attorney or financial planning professional).
45. **WHEREAS**, having an understanding of the entire spectrum of care options is critical in
46. order to make informed healthcare decisions, from the refusal of treatment to
47. aggressive treatment options. NOBEL Women encourages charting one’s end of life
48. journey. consistent with one’s own wishes and values and having those very important
49. discussions with loved ones.
50. **WHEREAS,** being equipped with treatment-option information and illness-specific
51. questions for medical professionals during appointments can empower our community to
52. advocate for ourselves;
53. **THEREFORE, BE IT RESOLVED**, that NOBEL Women must be proactive in
54. educating, empowering and advocating for our community at the end of life. We are
55. committed to developing an awareness campaign to share resources with our constituents.

Resources:

State-specific advanced directive

<https://www.aarp.org/caregiving/financial-legal/free-printable-advance-directives/>

Hospice and palliative care

<https://getpalliativecare.org/> and <https://www.nhpco.org/resources>

Financial planning

<http://www.naepc.org/designations/estate-planners/search#spec/All>

<https://www.thebalancecareers.com/life-insurance-2386084?_ga=2.50888169.1359175412.1547248054-781776305.1547248054>

Sample questions for physicians

<https://compassionandchoices.org/end-of-life-planning/learn/truth-in-treatment/>

End of Life of Planning

<https://www.compassionandchoices.org/end-of-life-planning/>

Introduced by Representative Laura Hall Alabama