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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. FARENTHOLD).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
July 25, 2012.

I hereby appoint the Honorable BLAKE FARENTHOLD to act as Speaker pro tempore on this day.

JOHN A. BOEHNER,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 17, 2012, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 1 hour and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes each, but in no event shall debate continue beyond 11:50 a.m.

END OF LIFE CARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, our colleague, JIM MCDERMOTT, sent each of us a letter with a Time magazine cover article by Joe Klein entitled ''How to Die.'' This article is jarring to many because it's an issue that most would rather not confront. As a result, there's a great deal of unnecessary pain, confusion, and suffering. It masks one of the most important issues in health care, which, despite the manufactured controversy over ''death panels,'' is a rare, sweet spot in the health care debate. It can improve the quality of life, in some cases the length of life, and most importantly we can help people understand their circumstances and get the care that they want. If this happens, the cost of health care will go down even as satisfaction and quality goes up.

For most Americans, the protocols followed by almost every hospital and practitioner will be to give the maximum amount of the most aggressive care in end-of-life situations. Especially if patients have the money or insurance, they will be hooked up in their final stages of life to be resuscitated, their ribs cracked, and hearts massaged. There will be tubes inserted, chemicals pumped, and defibrillators will shock people, even if they have no awareness of what's going on, other than that they are being tortured.

When people are given the information, resources, and choices, the outcomes are much different. A telling story in The Wall Street Journal last February pointed out how doctors die differently. These are people with knowledge and where money is not usually a consideration. They can get any health care they want, but as a group, they regularly choose less intense, aggressive treatment and more palliative care. They are choosing the comfort and consciousness of being with family and friends in awareness over being hooked up in an ICU and struggling in their last minutes.

Doctors have a better quality of life, and it costs less money. Why can't all Americans spend their final days like doctors? The truth is, they can. My legislation—Personalize Your Health Care—was developed with leaders in health care insurance and palliative care. Patients and doctors alike would help make sure that patients and other health care professionals work with patients to help them understand what they're confronting, what their choices are, determine what works best for them and their families, and then make sure that whatever their decision is, that choice will be honored. Over ninety percent of Americans agree that this is the right approach.

There's an interesting little secret here that extreme treatments not only deteriorate your quality of life, but they're no guarantee of giving you more hours to live. Studies have shown that managing the pain perhaps in the hospice, along with the love and company of families in a familiar setting, in some cases actually leads to patients living longer. People can actually enjoy their remaining hours, and there are more remaining hours to enjoy.

If most of us were to script our departure, it would probably be to go quietly in the middle of the night in the comfort of our own bed. The second-best scenario would be to go at home in that same bed surrounded by family and friends, comfortable, and conversing until the end. The least favored option, I suspect, would be semiconscious with tubes in our bodies in an ICU setting with the institutional hum around and strangers bustling about. Is that anybody's hope for their final memories? Sadly, that's the fate that awaits many people who do not personalize their health care.

I strongly encourage my colleagues to look at this bipartisan legislation, H.R. 1589, and then to do what you can to have a thoughtful and rational conversation about this policy. Let's modernize Medicare to give people the care they want, to find out their choices, and make sure that those choices are respected.

We owe it to the American public, and we owe it to our families and friends to make sure that every American can have the same high quality of life in their final weeks as doctors have.