

## About this Issue

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On behalf of the Delaware Academy of Medicine and the Delaware Public Health Association, I am honored to act in the capacity as guest editor for this edition of the Delaware Journal of Public Health. This edition focuses on end-of-life issues and Delaware Medical Orders for Scope of Treatment (DMOST), and while those of us working in medicine and healthcare fully appreciate how fragile life is, and how inevitable end-of-life issues are, taking this dialogue into the realm of public health is a new conversation.

In the United States, people live an average 30 years longer now than they did 100 years ago due to advances in public health and medicine. This success has created a new public health environment. While death occurs at a much later age, it is often associated with protracted (and therefore, expensive) illnesses. End-of-Life care has three components that favor public health intervention: high burden, major impact, and significant potential for preventing suffering associated with illnesses. This last point is addressed through pain and palliative care management. In addition, serious end-of-life illness in a loved one can create major and unexpected life changes for family members including depression, secondary morbidity and mortality, and major financial consequences, including loss of primary household income and life savings.

You may still ask yourself, ‘But why and how does public health play a role?’ Historically, public health has led the way in population data collection and analysis. Public health professionals are trained in the sciences of biostatistics and epidemiology, and both are critical areas of expertise for best addressing issues such as those posed by end-of-life scenarios. Secondly, public health excels at providing health information and health literacy programs for diverse lay populations with a sensitivity and consideration to culture, education, age, and gender. Public health is a natural partner to healthcare systems and as a result public health is on the leading edge of advocating for both equality and equity in all healthcare transactions. Finally, public health understands the benefit of “health in all policies.” This means that any and all policy decisions made at local, state, national, and international levels need to have professionals viewing the policy and regulation development for potential positive and negative impacts on the community the policy will be applied to.

The Delaware Academy of Medicine / Delaware Public Health Association sits squarely at the intersection of medicine and public health on end-of-life issues. This is similar to the position of many of our partners in Delaware who have worked tirelessly to see the passage of the Delaware Medical Orders for Scope of Treatment (DMOST) legislation. As we move into the implementation and training phase with DMOST through the Goals of Care Delaware program, we’ll be leveraging all five of the above mentioned attributes.

As Nathan Kottkamp, Esq., chair of the National Healthcare Decisions Day Initiative states:

“several recent events (domestically and internationally) serve as dramatic reminders of the randomness of life, which makes it all the more important that we all plan ahead regardless of our age or current health status—remember, “It always seems too early, until it’s too late.” Thus, where appropriate, if you find yourself in

discussions about recent tragedies, please consider weaving advance care planning into the discussion. You can direct others to the free advance care planning resources and/or those we have assembled at [www.nhdd.org](http://www.nhdd.org).”

We hope you will find this edition of the DJPH insightful and thought provoking.

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