FAER Foundation for Anesthesia Education and Research

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# FAER Funds Palliative Care and Ethics-Related Research

Rebecca A. Aslakson, MD, PhD, FAAHPM, FCCM

"This was funded by FAER? I did not know that FAER funded work like this…."

At the ASA annual meeting in Washington, D.C., in October 2012, I was presenting my research work that was funded through a FAER Mentored Research Training Grant (MRTG). Under the supervision of my mentor, Peter Pronovost, I had completed qualitative research to explore the palliative care needs of long-stay surgical critical care patients, their family members, and their critical care clinicians. Moreover, to undertake this research, I had also just completed a year of graduate-level coursework in qualitative research theory and methodology in the Department of International Health at The Johns Hopkins Bloomberg School of Public Health. While my classmates were studying global public health issues that spanned from prevention of HIV transmission among sex workers in Thailand to improving water sanitation in remote villages in Bangladesh, I utilized the same techniques in the big academic hospital across the street to research palliative care and ethical dilemmas involving some of our most vulnerable critically ill perioperative patients. And this was all funded and supported by FAER.

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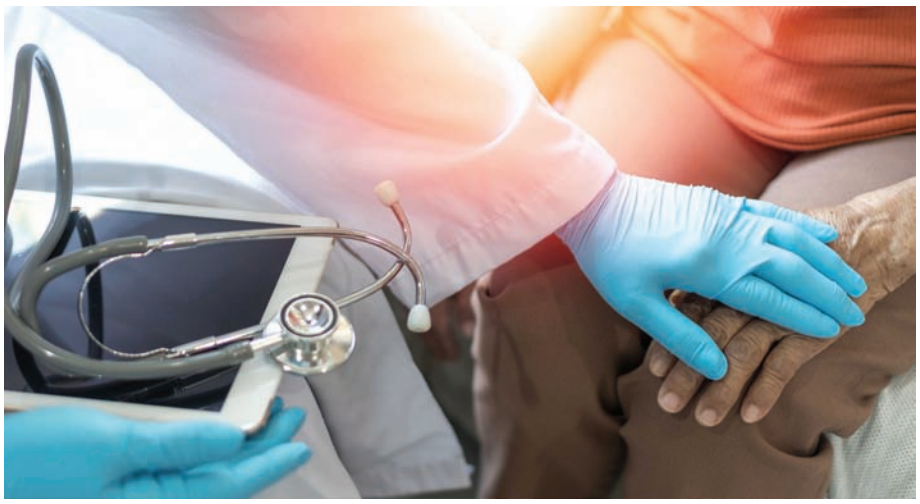
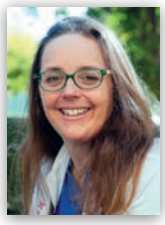


Triple-boarded in anesthesiology, critical care, and hospice and palliative medicine, I am a critical care anesthesiologist and palliative medicine physician and researcher and have devoted my academic career to improving delivery of effective and equitable palliative care, particularly for critically ill and perioperative populations. Palliative care is comprehensive interdisciplinary care that – regardless of diagnosis or prognosis – prioritizes optimizing quality of life for seriously ill patients and their family members (*ASA Monitor* 2020;84:22-3). The National Consensus Project for Quality Palliative Care guidelines identify eight domains of palliative care that include such topics as "Physical Aspects of Care," "Social Aspects of Care," and "Spiritual, Religious, and Existential Aspects of Care" (*J Palliat Med* 2018;21:1684-9). "Care of the Patient Nearing End of Life" is one of the eight domains and has content that specifically addresses hospice and care for patients with terminal diagnoses who are approaching death. One of the other domains is "Ethical and Legal Aspects of Care;" thus, as a palliative care provider, I often partner with clinical ethicists, hospital ethics committee members and teams, and other interprofessional and multidisciplinary colleagues. Together, we navigate complex ethical and social clinical situations, such as requests for non-beneficial life-prolonging treatments and how to provide culturally equitable and responsive care and communication for seriously ill patients and their family members from diverse religious, cultural, ethnic, and racial backgrounds. Given the nature of these topics, palliative care research and researchers must frequently utilize mixed method approaches, navigate ethical quandaries, and wield qualitative methodologies with a similar dexterity as quantitative ones.

Now over a decade since the FAER MRTG, my subsequent research has been supported by over $5 million in awards from funders such as the Patient-Centered Outcomes Research Institute, the Agency for Healthcare Research and Quality, and the National Palliative Care Research Center. That yields a 33:1 return on the dollar for FAER. My research team and I are currently completing the first (ever) multi-site, randomized controlled trial integrating palliative care specialists into the perioperative period (NCT03611309; pcori.org/research-results/2017/does-palliative-care-benefit-patients-having-cancer-surgery-and-their-families). The study has two specific aims, with the second utilizing some of the same qualitative methods I learned through my FAER-funded research. Moreover, last year we received $500,000 in enhancement funding to complete mixed methods research exploring the impact of the COVID pandemic on this study population. In brief, this research, as well as much of what I have done and published over the last decade, would not have been possible without both the findings from my FAER MRTG-funded research as well as the qualitative methodologies I learned to complete it.



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As perioperative care and the patients who seek it become increasingly more complex, so our anesthesia research community should similarly evolve. We must continue to assiduously support traditional basic science, bench-based, and/or translational research and researchers. Along with that, we similarly must identify, develop, and nurture anesthesiologist researchers with a passion for, and expertise in, other methodologies such as health services research, medical informatics, implementation science, quality and safety, mitigating disparities in medical care delivery, qualitative and mixed methodologies, and epidemiologic techniques for rigorous secondary data analyses. There is room for all at the proverbial anesthesia research table as, indeed, all will be needed to address the most pressing medical and research problems of the future.

Standing by my poster at the 2012 ASA annual meeting, I reassured the other attendee that "Yes, FAER funds work like this." Moreover, that attendee was a trainee at the time and has since blossomed into a superlative and widely celebrated anesthesia research leader in quality improvement and implementation science. I celebrate how FAER welcomes and supports multifaceted researchers who wield diverse and innovative research techniques to best address the basic science, translational, population health, quality and safety, disparity-related, palliative care, and ethical questions that are pertinent to our patients, their family members, and their medical practitioners. ■