



Editorial

Understanding and Improving Palliative Care and Care Near the End of Life

JAMA Network Open Call for Papers

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Benjamin Franklin wrote with typical humor about the pending ratification of the US Constitution, "...in this world nothing can be said to be certain, except death and taxes."¹ Franklin knew of what he wrote, because he was in declining health and died within 6 months of penning one of his most quoted aphorisms. Had he been writing today in the United States or any other high-income country, Franklin might have added hospitalization, intensive care, and suffering to his list of predeath certainties.

The challenges of providing care to patients near the end of life have been the subject of 3 US Institute of Medicine reports since 1997.²⁻⁴ The list of documented inadequacies of care in high-income countries for this vulnerable population and their families is notable both for its length and for its resistance to improvement. Excessive and unwanted medical treatment, coupled with inadequate access to palliative care, leads to pain and suffering. An aging, increasingly diverse population and the lack of advanced care planning require flexible and innovative outreach tools.⁵ Financial incentives that favor procedures and interventions over supportive care provide patients with unwanted medical treatments and leave families with unpayable bills.⁶ Some of the barriers to better end-of-life care are a product of the successes of modern medicine. New treatments for HIV/AIDS, many cancers, and structural heart disease have turned predictably fatal conditions into chronic diseases with increasingly variable terminal trajectories.⁷

JAMA Network Open, a fully open access journal in the JAMA Network of journals with an international audience of health care clinicians and policy makers, is pleased to announce a call for papers on understanding and improving care near the end of life. *JAMA Network Open* has previously published studies on this topic, including comparisons of care at hospitals serving minority vs nonminority patients,⁸ approaches to making decisions about life support,⁹ physician orders for life-sustaining treatment,¹⁰ and trends in the use of palliative care for patients with cardiovascular disease.¹¹ We are interested in reports of original research that present novel ideas to address this difficult problem. Because of the complexity of the problem and the interprofessional nature of potential solutions, appropriate studies might rely on a variety of methods and disciplines. These could include qualitative and anthropologic observational studies and studies of novel interventions, particularly those undertaken outside the hospital, such as community-based studies of difficult-to-reach populations that have been overlooked in the past. Methodologic research that tackles persistent challenges to the field—for example, studies that validate new outcome measures derived from electronic medical records or that assess whether earlier prognostic information actually leads to better decisions—also would be of interest. Note that *JAMA Network Open* does not publish narrative review articles, works of bioethics that do not contain an empirical component, case reports, or unsolicited opinion articles.

All favorable research manuscripts undergo peer review, including statistical review. All articles accepted for publication will be eligible to have accompanying Invited Commentaries published by experts in the field and will be published quickly. In addition, all articles will be featured in an online collection dedicated to the topic of end-of-life care on the *JAMA Network Open* website. All *JAMA Network Open* articles are indexed in MEDLINE. Please see the journal's Instructions for Authors¹² for

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additional information on manuscript preparation and submission. Manuscripts should be submitted by December 1, 2019.

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