Mini Review Open Access

K: Pa iative cale; Mu ti-age t s ste s; Chleric i ess; Heathcalerpaladig shi; Agi g; Heathcaler

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Pa iative ca.e; estab ished i the 1960s, ai s to p. evide qua it teat e ta doo forto patie ts ith serious a dterri a diag oses. is i te discipi a rapp oach add osses ph sica, ps cho ogica, a d spilitua aspects of cale; a eviati g the bulde o fa i e bello o. r fie ds [1]. It co pe e ts edica care for sco ditio s ike ca cer-HIV, a d kid e disease, i vo vi g a co abo_ative tea of docto_s; u.ses, e ta heath specia ists, a d c e.g. . Recog i ed fo. sits va ue i i povi g qua it of ife a d s pto co to, e pa di g pa iative care for ich e ic i esses cou d address the gree i g epide ic i the US. Despite the be e ts, the e pa sio of pa iative care poses cha e ges such as i cleased costs a dade a dfolk olehea thcale o_ke_s [2]. e Mu ti-Age t S ste (MAS), uti i i g va_ious age ts to auto o ous o ito_ppatie theathad ake decisio s, e e_ges as a pote tia so utio. is co pute i ed et o ki gs ste, b e cie t a agi g_esou_ees, ca e ha cethee ective essofe te sive pa iative ca.e [3]. Whe pa i g to e ha ce a de pa d pa iative ca.e; facto.s. ike a agi g popu atio, the eed for a paradig shi i treati g choo ic i esses through pa iative care ith MAS supports a dho istic care ust be co sidered [4-6]. e preva e ce of chre ic diseases has sunged i the US, a ecti g anou d 60% of A enica s. Co thibuti g facto.s-i c ude i c.eased ifespa, u heath ifest e choices, a d ge etic p_edispositio s. e hea thca_e-s ste , st_ai ed b the_eactive apploach to choo ic i esses, ecessitates o g-tell toat e ts ike pa iative ca.e. Whi e pa iative ca.e.e ha ces edica ca.e.a d qua it of ife du i g e d-of- ife p ocedu es, the isi g p eva e ce of ch o ic diseases equi es a o e poactive edica s ste [7-10]. e MAS, ith its abi it to predict actio s for patie t heath a d coordi ate i _ea-ti e, ca aug e t e isti g _esou_ees a d ake pa iative ca_eo e e cie t i a agi g ch e ic diseases. e MAS⊠ sociobi it, p_oactive ess, a d_ospo sive ess ake it a va uab e too i add_ossi g co pe heathca.e cha e ges a d e ha ci g decisio - aki g p.ocesses. Its i te.ope.abi it ca ove.oo e coo.di atio issues ithi the hea thca.e-s ste , p.evidi g a co p.ehe sive so utio to patie t issues. As the US popu atio ages, MASs o ena practica so utio for valious hea thcale sectols; i cudi g pa iative cale; b cooldi ati g

stakeho de sa d i povi g i fo ratio e cha ge.

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e agi g US popu atio poses i cleasi g cha e ges for the hea thcale s ste . E blaci g pa iative cale services faci itated b Mu ti-Age tS ste s (MASs) cou d pote tia addless the eeds of the greening g popu atio a ected b chienic i esses, previdi g a standard of high-qua it hea thcale: e adoption of MASs ight represent a pivota paradig shi i hea thcale; especia ith the rieing prevale ce of chienic diseases. Despite ongoing e of the prevent chienic diseases, there is a pressing eed to e hance the action of MASs as a itegram hea thcale set cound significant e hance the atio of MASs as a itegram hea thcale set cound significant e hance the atio of works e ess.

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Not app icab e.

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