



THE HASTINGS CENTER  
CUNNIFF-DIXON PHYSICIAN AWARDS

Nominations Deadline December 31, 2015



CUNNIFF  
DIXON  
FOUNDATION



*The mission of the Cuniff-Dixon Foundation is to enrich the physician-patient relationship near the end of life. Our goal is to educate individual physicians and inspire them to provide the kind of care near the end of life that we all wish for ourselves and our loved ones.*

*As part of the Foundation's efforts to achieve this goal, we are committed to the annual presentation of The Hastings Center Cuniff-Dixon Physician Awards, which will go to physicians in recognition of clinical contributions and commitment to the cause of end-of-life medical care.*

## PROGRAM DESCRIPTION

Caring for patients who are near the end of life has emerged as an important focus for American medicine. Not only is the proportion of people who die from chronic and degenerative diseases increasing, but also their final year or two often remain highly uncertain, and their suffering considerable. Increasingly, physicians in all specialties need skills and virtues necessary to provide excellent care for those near the end of life.

**The Hastings Center Cuniff-Dixon Physician Awards aim to foster those skills and virtues by providing financial prizes to those physicians, young and old, who have demonstrated exemplary care and initiative with their patients in these situations and with their colleagues. The time and care required to provide such knowledgeable and compassionate care typically receive little financial compensation. These awards attempt to recognize that current economic reality and to offset it in some modest way. In addition, the awards stimulate recognition in the physicians' communities for the important work they are doing.**

### **There are five prizes totaling \$95,000.**

Three of the awards will be for \$15,000 each and go to early-career physicians (7 or fewer years in practice) who have demonstrated a serious commitment to caring for patients near the end of life. Awards serve to recognize recipients' dedication and give them public acknowledgment of their work. A second goal is to reward them with a modest financial stipend at a time in their medical careers when daily life can be a financial struggle.

Two other prizes will be in the amount of \$25,000 each. The first will go to a mid-career physician (8 to 19 years in practice), and the second to a senior physician (20 years plus in practice). These prizes will be awarded to physicians who have demonstrated—through leadership and practice—a serious and valuable commitment to their patients and to the broad field of caring for those near the end of life.

All nominees must be licensed physicians practicing in the United States.

These prizes are awarded by the Cuniff-Dixon Foundation in partnership with The Hastings Center, a bioethics research institute dedicated to exploring issues in medicine, public health, and science as they affect individuals, society, and the public interest. The prize recipients are selected by a committee convened by The Hastings Center.





## CRITERIA FOR THE AWARDS

The criteria for the awards have been established by The Hastings Center Selection Committee, which was convened specifically for this purpose.

### The committee consists of

**Richard Payne, M.D.**, is the Esther Colliflower Professor of Medicine & Divinity, Duke University.

**Thomas P. Duffy, M.D.**, is the Professor of Medicine, Emeritus, Yale University School of Medicine.

**Kathleen M. Foley, M.D.**, is Professor of Neurology, Neuroscience, and Clinical Pharmacology at Weill Medical College of Cornell University. She is also an Attending Neurologist in the Pain and Palliative Care Service at Memorial Sloan-Kettering Cancer Center in New York City.

**Diane E. Meier, M.D., FACP**, is the Director of Center to Advance Palliative Care, Icahn School of Medicine at Mount Sinai in New York City.

The criteria are five fold:

- technical competence
- personal integrity
- doctor-patient dialogue
- active engagement of friends and family
- ability to function well as part of a care team

*There will of course be some overlap of the criteria.*

### Technical Competence

Competence is a baseline requirement. It encompasses both technical knowledge of the best means of palliative care, medical and pharmaceutical, as well as skill in determining how best to deploy this with individual patients. The art of medicine and the science of medicine come into play.

### Personal Integrity

Personal integrity means that combination of personality traits and virtues most conducive to good end-of-life care. Given the frequent medical uncertainty of such care and the individual differences among patients in response to their treatment, humility is a key virtue. That means knowing what one does not know, a willingness to shift modes of treatment when an earlier course proves inefficacious, and a sharing of uncertainty with colleagues.

Friendship with patients, though not always possible, is an advantage. Dying can be lonely. The patient is sometimes bereft of family and friends, and often only the physician is in a position to be a steadfast companion. Availability is hardly less important—being there when a patient needs care, which means having an openness to inconvenience and schedule disruption. A willingness to make house calls to avoid unnecessary visits to hospitals or physician offices is an important mark of availability. Most fundamentally, patients need to know they will not be abandoned. At times, families, in effect, abandon their loved ones, sometimes because they were not close in the first place or because they cannot cope with the reality of a loved one's dying. But, come what may, the physician must be there until the very end.



## NOMINATION PROCESS

Nominations will be accepted online  
at [www.physicianawards.org](http://www.physicianawards.org)  
through **December 31, 2015**

## DOCTOR-PATIENT DIALOGUE

Good doctoring for patients near the end of life—the art of astute symptom management, knowledge of the science behind it, and physicians' engagement with the person before them—is what these awards recognize at exemplary levels. The awards exist in three categories: early-career physicians (0-7 years from training), those at mid-career (8-19 years), and those at senior stages.

Physicians caring for patients near the end of life understand their patients' particular circumstances and what they value. Patients need to know what their physicians make of them and to be confident that they will manage their symptoms well and talk with them about various treatment approaches and their limits and drawbacks. Those for whom the end of life is near usually benefit from engaging actively in their care. Minimally, this means they (and often family members or other surrogates) meet regularly with their principal doctors to make plans that balance their goals for individual comfort, function, and longevity. Not all patients (or families) want this kind of knowledge or engagement, at least initially. Good doctoring often includes several conversations with patients, families, and other members of the care team.

## Active Engagement of Family and Friends

Families are part of the picture, and they often need their own assessment and dialogue. They may or may not know what their loved one said earlier about how he or she wanted to be cared for near the end of life. While a physician may not be well placed to help resolve some problems or tensions between patients and families, they need to be aware of them and devise a plan for addressing them.

## Team Work

Cooperation among caregivers is crucial for good doctoring. Nurses, social workers, and often chaplains, discharge planners, and other physicians are part of the picture. Continuity of care matters hugely. Not only do principal physicians need to spell out for patients and care teams who will be responsible; they also need to assure their patients that they will be there as needed. When patients reside at home, the ability to work well with a team also matters, as nurses and family members provide most home care.

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