Palliative care provides relief from the physical and emotional suffering associated with serious illness. It offers an extra layer of support to patients, family caregivers, and treating clinicians.\textsuperscript{1,2} When used early in the disease trajectory, palliative care improves patient care experience and quality of life, reduces use and costs of medical services, helps family caregivers, and may even extend patient survival.\textsuperscript{3-6}

Although use of palliative care is increasing, most patients receive the service later in the disease stage or not at all\textsuperscript{4,7}; for all of its advantages, palliative care remains underused and misunderstood. Nine of 10 adults in the United States have little or no knowledge of palliative care.\textsuperscript{8} However, with education the numbers reverse, with nine of 10 patients indicating that they would be likely to use it.\textsuperscript{8}

This lack of understanding is not limited to patients. Some physicians use palliative care only if curative treatment fails because they equate it with hospice. Others believe they must provide this kind of care themselves, or they fear that patients will lose hope or feel abandoned if palliative care is recommended.\textsuperscript{9-11} Still more physicians are unaware that their own institutions offer it.\textsuperscript{9}

Why is palliative care so poorly understood? And what can we do about it?

Palliative Care Has a Branding Problem

When a service as beneficial as palliative care is so grossly underused, poor branding may be the culprit. To encourage greater and earlier use of palliative care, we must build a better brand. Better branding involves far more than simply devising a new logo or an ad campaign; a superior experience must be created, not just in the clinical setting but also in the public sphere. Advertising executive Stan Richards defines a strong brand as “a safe place” for customers.\textsuperscript{12} A strong brand gives people confidence as they gain awareness of it and come to understand and experience its benefits. We suggest three steps toward building a better brand for palliative care.

Develop a New Brand Name: Convey the Benefit

“Palliative care” is an appropriate clinical name for an internationally recognized medical specialty; it is neither practical nor necessary to change it. As a brand name intended to connect with patients, families, and some physicians, however, the name is suboptimal. A strong services brand name should incorporate some or all of these four characteristics: distinctiveness, relevance, memorability, and flexibility.\textsuperscript{13} The term palliative care does not convey the nature of the service nor its benefits to the target audience—it fails the test for relevance. Nor does this name pass the test for memorability, as it is not easily understood, pronounced, or recalled. Thus, palliative care flunks at least two of the four tests of a good services brand name. The title should be retained for internal purposes, such as billing, but a different name should be considered for branding purposes.

Indeed, some organizations are doing just that: MD Anderson Cancer Center, Northshore LIJ Cancer Center, and others now use “Supportive Care” as their brand name. MD Anderson surveyed its cancer clinicians in 2007, and the respondents preferred supportive care over palliative care. The traditional palliative care was
deemed more likely to cause distress and loss of hope for patients and families. An 18-month pre- and postanalysis of 4,701 consecutive patients showed that palliative care referrals increased significantly and were made significantly earlier in the disease trajectory for outpatients after the name change. Other successful programs, such as the Sutter Health Advanced Illness Management and Aetna Compassionate Care programs, demonstrate how large health systems and health plans have used similar branding to increase acceptance of palliative services.

**Change the Message: It’s About Living Well**
A strong brand name accomplishes little if the messaging behind it turns people away. Caring for seriously ill patients is a high-emotion service, and just the need for the service creates emotional intensity. Patients and family members struggling with the demands of serious illness are sensitive to both the verbal and body language of their care team. However, discussing palliative care services with patients and their families is challenging because of uncertainty about disease progression, cultural differences, and the tension between truth-telling and preserving hope. A brand name, such as supportive care, can ease the path for clinicians discussing the service.

Clinician messages to patients and families about palliative care are crucial brand-building steps. Stated well, most patients will try the service; stated poorly, many will reject it. Clinical practice guidelines for difficult conversations are available in the literature and on the Internet. For branding purposes, however, their shortcoming is a focus on delivering bad news about the seriousness of illness and its burdens versus the benefits of further treatment.

Bad news is only part of the story. Brand messaging for palliative care will be more effective for patients and more comfortable for clinicians if the narrative also focuses on living life to its fullest at all stages. In serious illness, the adversary is not death, but rather, it is decreased quality of life as a result of emergency room visits, hospitalizations, and painful treatments that do more harm than good. Palliative care helps patients and families to live life better, and clinicians who emphasize its ability to enhance quality of life will strengthen the brand.

**Enhance the Experience: Deliver a Service the Public Demands**

The name and message components of palliative care branding may generate awareness, interest, and use earlier in patient illness, but the service experience has to be positive to achieve branding success. A brand is a perception that depends on the fulfillment of explicit or implied promises. Effective communication can open the door to palliative care, but poor service experience can close it. Palliative care, effectively delivered, can restore a lost sense of control, independence, and peace of mind that patients and families cherish. Palliative care offers a go-to source of personalized, holistic assistance, and just knowing that such assistance is available defuses anxiety.

Leveraging word-of-mouth, and, today, word-of-mouse, communication is perhaps the greatest branding opportunity for palliative care. People use word-of-mouth communication for services that are personally important, complex, and variable, particularly for experiences that are extremely positive or negative. Because patient needs and service benefits are both considerable, palliative care is highly suited to word-of-mouth influence. When brand performance exceeds patient and family expectations, users become advocates. Such public demand supports strong brands—think Google, Apple, or Facebook.

Although palliative care has succeeded in hospitals, the best opportunity to enhance the service experience may be by palliative care provided in the home by interdisciplinary teams. ProHealth Care Support, for example, provides in-home palliative care services to more than 800,000 patients in New York, offering 24/7 in-person and virtual service from a team of physicians, nurses, and social workers. ProHealth works closely with paramedic services, hospices, and home health agencies, and is paid through contracts that incorporate fee-for-service reimbursement, patient management fees, and shared savings. The service reduces spending significantly, and enrolled patients are more likely to die at home than in the hospital. Outpatient palliative care like ProHealth Care Support improves symptom management and patient and family satisfaction, and also reduces hospitalizations, intensive care unit days, emergency room visits, and physician office encounters.

Home visits reveal details about family, social support, and other important nonmedical influences on health status that may not be apparent to clinicians during a hospital stay. Conversations in the kitchen become teachable moments, and discussions about personal values, held at the person’s own pace, facilitate advanced care planning. Repeated visits establish trusting relationships that are difficult to duplicate in the shift-changing, 24/7 tumult of the hospital. This trust
allows the team to know the people they serve on a deeper emotional level than when they are simply patients to be treated.

As the population ages, media attention to caregiving and end-of-life issues is increasing. Stories told by satisfied patients and their loved ones will build the palliative care brand better and faster than advertising alone ever could.

Conclusions

Palliative care is a strong support system that needs a strong brand. It helps patients, families, and clinicians deal with the variable, uncertain, complex, and ambiguous world of serious illness. It helps patients live with less pain and more purpose. Better branding, including naming, communicating, and crafting an optimal care experience delivered to seriously ill people where they live, is likely to promote greater and earlier use of this vital service.

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