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Tagline

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Though More and More Patients Turn to Hospice Care, Many Miss Full Benefits of Early Enrollment

As patients are informed about their choices at the end of life, greater numbers are turning to hospice. Addressing the misconception that enrolling in hospice care means “giving up,” J. Donald Schumacher, President and CEO of the National Hospice and Palliative Care Organization (NHPCO), reassures that “nothing could be farther from the truth.”

A record 1.65 million U.S. patients near the end of life received hospice care in 2011, according to a recent report from the NHPCO. That’s nearly 44.6% of all U.S. deaths, up from 41.9% in 2010.

The rising numbers aren’t a surprise. Over the past decade, hospice providers have learned to care for patients with more complex illnesses such as dementia and heart disease, opening the door for these patients to gain the benefits of hospice care. Though many Americans still associate hospice care with cancer diagnoses, cancer patients now make up less than half of all hospice admissions.

However, despite the growing trend in hospice enrollment, a larger percentage of those at the end of life are waiting longer to enroll. “Hospice provides the care people want,” Schumacher explains, “...yet far too many receive care for a week or less.”

The NHPCO notes that earlier access to hospice care can reduce emergency room visits and hospitalization. Additionally, the high quality of care provided by hospice’s team of medical professionals and caregiving volunteers can improve the quality of life for both patients and their family caregivers.

Research has shown that 8 out of 10 Americans would prefer to be home at the end of life, and hospice can make this happen. “Hospice...makes the wishes of the patient a priority,” says Schumacher.

The NHPCO continues to stress the importance of having healthcare providers discuss hospice care with their patients nearing the end of life, or with life-limiting illnesses. “We need to reach patients earlier in the course of their illness to ensure they receive the full benefits that hospice and palliative care can offer,” Schumacher concludes.

For How Long Do Most Hospice Patients Receive Care?

Open conversations between terminally ill patients and their doctors can determine the best time to enroll in hospice, but many people are afraid to have these conversations. This often delays the benefits that come with hospice care.

In 2011, over one-third of hospice patients received care for only seven days or less.

Starting earlier with hospice care can reduce emergency room visits and hospitalizations, while improving quality of life for patients and family caregivers.



End-of-Life Care News Briefs for Patients and Families

Difficult Conversations about Chronic Obstructive Pulmonary Disease

For those suffering from chronic obstructive pulmonary disease (COPD), the future is often uncertain. Because end of life is hard to predict in a patient with this lung disease, discussions about end-of-life care are often taking place when the patient is too sick to participate, reports an article published in the journal *Thorax*.

“There are many patients living with the life-limiting illness of COPD who are not being given the opportunity to discuss its progression, their future care, and the end of life,” state the authors.

However, since it’s hard to predict when end-of-life care discussions will be necessary, how long should doctors and patients wait to have these conversations? Many patients see COPD more as a way of life, and not so much as an illness, but the authors point out that patients shouldn’t shy away from discussions about the functional decline common in COPD. While certain topics may be distressing to patients if introduced too soon, “avoidance of discussions may give false hope and deny patients the opportunity to prepare and plan.”

Instead, health providers and patients should work together to find real hope, even if that means transitioning from a hope of recovery to a hope for quality time and a comfortable death.

The authors emphasize that since many doctors hesitate to initiate end-of-life conversations with COPD patients for fear of causing anxiety, patients shouldn’t be afraid to bring up the subject themselves.

“A balance needs to be struck between optimism and realism,” the authors explain. “Practitioners and healthcare systems need to address...[that] more time is required for consultations or training of healthcare professionals to have these difficult conversations.”

Advance Care Planning Improves Quality of Life at the End of Life

While discussions about advance directives are happening more frequently, a new study by The American Geriatrics Society stresses the importance of full advance care planning near the end of life.

Though they sound similar, advance directives are legal documents that express a patient’s medical decisions ahead of time for end-of-life care, while advance care planning also includes power of attorney or verbally discussing end-of-life preferences with a next of kin. “Having a discussion about goals, values, and preferences...and assigning a durable power of attorney are arguably as important as completion of an advance directive,” state the authors.

Since 70% of patients at the end of life required a proxy to make health care

decisions for them, advance care planning is more important than ever. The authors point out, reassuringly, that “the majority of proxies felt that their loved ones received end-of-life care consistent with their previously expressed preferences.”

Patients who engaged in advance care planning were also less likely to die in the hospital, less likely to spend over two weeks in the hospital during the last month of life, and more likely to enroll in hospice.

The study also notes that patients do not need to be terminally ill in order to begin planning. “Older adults who engage in advance care planning typically do so multiple years before death,” the authors point out. Additionally, most people who choose to have advance care planning “express a preference to prioritize comfort in late life.” By participating in advance care planning, patients are able to ensure that these end-of-life care priorities are respected and recognized.

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