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## Tagline

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## Institute of Medicine Encourages Honoring Individual Choices for End-of-Life Care

A recent study published by the Institute of Medicine, titled “Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life,” highlights some areas in which the health care system can improve its care of patients nearing the end of life.

The authors of the study stress that “ideally, health care harmonizes with social, psychological, and spiritual support as the end of life approaches. To this end, care near the end of life should be person-centered, family-oriented, and evidence-based.” However, they also note that “the US health system is ill designed to meet the needs of patients near the end of life and their families. The system is geared to providing care aimed at curing disease but not at providing the comfort care most people near the end of life prefer.”

This comfort care, also known as palliative care, “can offer patients near the end of life and their families the best chance of maintaining the highest possible quality of life,” state the study authors. “Hospice is an important approach to addressing the palliative care needs of patients.”

Many people assume that they will begin discussing end-of-life care with the doctor when they get sicker. But, as the committee notes, “it is often difficult to recognize or identify when the end

of life is approaching, making clinician-patient communication and advance care planning so important.” Doctors may be reluctant to approach the topic with patients, which can make it even more difficult for these conversations to take place.

Recent polls show that Americans “harbor several consistent worries about care near the end of life, centered around...the desire not to be a burden — financial or otherwise — on family members.” Despite these concerns, more than a quarter of all adults have given “little or no thought” to what they want their end-of-life care to include or exclude.

Although most Americans say they prefer to die at home and wish to remain in charge of their own health care decisions, only one in three adults aged 65 and older die at home. Additionally, about 40 percent of all adult hospital patients aren’t able to make their own treatment decisions because of mental impairment, unconsciousness, or because they aren’t able to express themselves. This increases the need for advance care planning conversations to happen earlier and more frequently so that decisions are made before they are needed.

“The advance care planning process can start at any age and state of health and should involve family members and clinicians,” the committee emphasizes, and should not be a “one-time activity.” Effective end-of-life care discussions should center on “life values, goals, and treatment preferences,” and these topics should be revisited over time to make sure later care decisions will match the patient’s wishes, especially as disease or age progresses. Family, health care agents, and care providers should be included in these discussions so that a patient’s wishes are well established.

“The committee believes a patient-centered, family-oriented approach to care near the end of life should be a high national priority and that compassionate, affordable, and effective care for these patients is an achievable goal,” the authors state.

For more information on effective end-of-life planning, talk with your doctor or contact hospice.



## Information for Patients and Families

### New DEA Rules for Disposal of Prescription Drugs

In October, the Drug Enforcement Administration (DEA) released updated rules regarding the disposal of prescription drugs in an effort to “develop a variety of methods for collecting and destroying pharmaceutical controlled substances in a secure, convenient, and responsible manner.”

Ultimately, the DEA hopes to avoid prescription drugs being flushed into the water supply, kept in the home for long periods after disuse, or diverted for illegal use. Instead, the agency encourages the use of take-back events, mail-back programs, and collection sites.

For those with family members who have recently passed away, the DEA Disposal Act allows that a member of the person’s household may dispose of the leftover prescription medication.

Those whose loved ones were receiving hospice care can ask the hospice team for guidance on disposal. However, unless otherwise provided by law (such as state law), hospice or homecare providers cannot dispose of a patient’s pharmaceutical drugs. Instead, hospice nurses are encouraged by the DEA to help patients and families with this task. The hospice team can give you information on how and where to dispose of medications.

For information on take-back events in your area, you can also contact your local law enforcement agency, which may schedule take-back days at any time.

Nearby hospitals with on-site pharmacies, along with retail pharmacies, are often locations that can collect prescription medications. If not, they likely will be able to guide you to another location that is able to do so.

Those seeking to dispose of medication can also find authorized collection sites by calling the DEA Call Center at 1-800-882-9539.

### Consumer Reports Launches Online Caregiving Guide

Adding to its extensive list of independent product reviews, Consumer Reports has launched a website intended to help patients and families make informed health care decisions.

The site, titled Consumer Health Choices, covers topics from antibiotics use to end-of-life caregiving. The organization’s Choosing Wisely campaign is featured on the site, with resources designed to help patients, caregivers, and doctors talk about treatment options.

“If you are caring for an aging relative or friend, you want to help all you can,” the site reads. “You may urge the doctors to try every possible treatment. But as seniors get close to the end of their lives, ‘quality of life’ may be more important than living a bit longer.”

One of the most helpful tools on the website is the roundup of medical topics

and tips for caregivers. The document provides a list of various medical issues that affect senior patients, including dementia, heart disease, cancer, feeding tubes, and chronic pain. Each listed ailment has a brief description of the problem it causes for end-of-life patients and a short recommendation for how caregivers may want to proceed with decisions about the patient’s care.

In partnership with the National Hospice and Palliative Care Organization, the Consumer Reports site also includes an overview of how hospice and palliative care can best help patients who are nearing the end of life. A Caregiver Resources section walks caregivers through choosing a hospice, how to make tough medical choices, and how to take care of yourself and other family members during this difficult time.

To see all of the collected information, visit the Consumer Reports website at [consumerhealthchoices.com/caregiving](http://consumerhealthchoices.com/caregiving).

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**Hospice Name**

**Street**

**City, State, ZIP**

**Phone**

**[www.website.com](http://www.website.com)**