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Tagline

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With Earlier Hospice Enrollment, Families Report Better End-of-Life Care

Patients with aggressive end-stage cancer are often subject to many medical interventions near the end of their lives. They may be repeatedly taken to emergency rooms or admitted to intensive care units (ICUs), and they frequently receive chemotherapy within the last few days and weeks of life. According to a recent study published by the American Medical Association, these intensive measures can be a barrier to good quality of care at the end of a patient's life.

The authors of the study interviewed 1,146 family members of Medicare patients who died from advanced-stage lung or colorectal cancer in 2011. Family members were asked to rate the quality of their loved one's care, as well as indicate if the patient died in the place they wished.

According to these families, 51% of patients received "excellent" care, 28% received "very good" care, and the remainder received care that was rated "good," "fair," or "poor." Additionally, only 56% of patients died in their preferred setting.

"[F]amily members of patients admitted to an ICU within 30 days of death reported excellent end-of-life care less often than those who were not admitted to an ICU," the

authors of the study note. "Similarly, family members of patients who died in the hospital reported excellent end-of-life care less often than those who did not die in the hospital."

Family members were also more likely to report that their loved one received excellent end-of-life care if the patient received hospice care for longer than three days. Patients who received less than three days of hospice care, or who did not receive hospice care at all, were less likely to die in their preferred location.

Most elderly patients express a desire to die at home, and not at a hospital. Early hospice enrollment can help ensure that patients die in a place that they prefer. Because hospice encourages keeping patients comfortable, intensive and aggressive treatments like chemotherapy or ICU admission are often avoided. Instead, the hospice team focuses on managing the patient's pain and other symptoms.

At the end of life, intensive treatments often have more burdens than benefits, and the treatments may keep a patient in the hospital during their last weeks. According to the study, receiving chemotherapy within the last two weeks of life meant that end-stage cancer patients were less likely to die in their preferred place.

"[E]arlier hospice enrollment, avoidance of ICU admissions within 30 days of death, and death occurring outside the hospital were associated with better perceptions of end-of-life care," the authors conclude.

"Our findings suggest that efforts to increase earlier hospice enrollment and avoidance of ICU admissions and hospital deaths might improve the quality of end-of-life care."

If you or a loved one is suffering from end-stage cancer, our hospice professionals can help provide the best quality of end-of-life care. Contact us today to find out what our team can do for you.



End-of-Life Information for Patients and Families

Impossible End-of-Life Expectations Can Bring Guilt

For many patients and families, one of the most difficult aspects of the dying process is that there's no control over its course. Death is uncontrollable, and often unpredictable.

Despite this, we often seek to have as much control over the process as possible. We imagine scenarios for ourselves or our loved ones where soft music is playing, where all long-held family conflicts have been resolved, and where everyone is happy. Yet the reality of death is sometimes much harder to plan or prepare for.

A recent article published in *Forbes* explains that emphasizing the "perfect death" can lead to feelings of guilt for caregivers if the death of their loved one doesn't go as planned.

"As my hospice chaplain wife reminds me," writes Howard Gleckman, author of the article, "death is inevitably hard. No matter how much we try to create that good death, it may not always work out the way we'd like."

Recognizing that the dying process is often difficult, hospice can be a helpful resource for families who have a loved one nearing the end of life. The hospice team, made up of doctors, nurses, chaplains, and other specialists, can work with caregivers and patients to set realistic goals for a death that is as comfortable and peaceful as possible.

Additionally, hospice provides bereavement support for family members following the loss. This support can help relieve feelings of guilt that survivors may experience after a loved one's death.

Gleckman asks, "It is hard enough losing a loved one; why add to the burden by measuring families against some often-unachievable benchmark?"

POLST Forms Help to Identify Patient Wishes

When a patient has a serious illness, there are often many different doctors and facilities involved. This can make it difficult for a patient's wishes for care to be clearly communicated from one place or doctor to another.

Physician Orders for Life-Sustaining Treatment (POLST) can help bridge this gap. A POLST form is a set of medical orders, signed by the attending healthcare professional, that indicates a patient's wishes about treatments commonly used in a medical crisis (like heart failure). The patient and/or family decide together with the doctor what treatments are appropriate based on the person's values and goals for care. The form then follows the patient's medical record to whatever facility or location in which he or she is receiving care.

For seriously ill patients who do not want life-sustaining treatments like CPR or ventilators, POLST forms are especially important. Normally, if paramedics or EMTs are called, they are required to do everything possible to sustain life. But because the POLST form is a medical order, all emergency medical personnel are required to follow what it says, which may mean withholding life-sustaining treatment.

While an advance directive can be completed by any person regardless of health status, a POLST form is only for patients with a serious illness who are more likely to be facing emergency medical situations. An advance directive also may be overridden by an emergency medical team, unlike a POLST form.

For more information, and to see if your area participates in a POLST program, visit www.polst.org.

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Hospice Name

Street

City, State, ZIP

Phone

www.website.com