Increased Knowledge Leads to Improved Quality of Life For Those Facing a Life-Limiting Illness

Experts agree that the need for quality end-of-life services will increase over the coming decades. Hospice care has been on the rise since its inclusion in the Medicare program during the early 1990s. While the use of hospice services is on the increase and both families and patients report a high level of satisfaction with the care hospices provide at the end of life, there is a continuing gap between the widespread belief in the benefits of hospice and the actual use of hospice care services.

“Despite these documented benefits and higher use of hospice care among older adults, many older patients are still dying in hospitals or long-term care facilities with poor symptom control and lack of emotional support, while also receiving aggressive interventions at end of life,” report the authors of a new survey published in a recent issue of the American Journal of Hospice & Palliative Medicine.

In the survey, a wide majority of respondents — 93 percent — were familiar with the term “hospice,” while only 30 percent were familiar with the concept of “palliative care.” Ninety-three percent of respondents also agreed that dying patients have the right to be free of suffering.

Both palliative care and hospice care share the same goals of providing comfort through management of pain and symptoms. But while palliative care is available at any stage of a serious or chronic illness, hospice is for patients who have a limited life expectancy, usually of six months or less.

“Prior studies have shown that older adults are often preoccupied by end-of-life issues, but that these concerns are seldom addressed by professionals,” state the authors. “Providing families and caregivers of older adult patients with the opportunity to learn about hospice and palliative care early in the disease process may help facilitate more informed and timely decisions about palliative care services and hospice utilization.”

The more we prepare ourselves, and the more we understand about hospice and palliative care, the greater our chances of having a better end-of-life experience.

Making Healthcare Decisions As We Age: Will You Be Prepared?

The survey summarized on this page says that education is the key to help alleviate stress when reviewing healthcare options for the elderly. Here are tips to help you through the process:

• Learn about hospice services before you or a loved one needs them.
• Learn the difference between palliative care and hospice.
• Rethink your concept of hope. Think of it as a progression; what a patient hopes for may change with life circumstances. Hospice patients can hope for comfort, to be free from pain, and to have emotional support.
Hospice Care Prevents Emergency Department Visits at the End of Life

Recent research shows that more than half of older Americans in the final month of life visit an emergency department. However, the goals of emergency medicine (triage and stabilization of the crisis) are often in conflict with the goals of quality end-of-life care (dying comfortably at home without intrusive medical intervention).

More than 75 percent of those who visit the emergency department end up being admitted to the hospital, and more than two-thirds spend their final days hospitalized.

The authors of a recent study reported in *Health Affairs* write that “many people say they prefer to receive end-of-life care at home. But pain, worsening symptoms, or other urgent needs may force an emergency department visit.”

One factor found to be the key to preventing use of the emergency department at end of life is hospice. “Early enrollment in hospice (before the last month of life) was the strongest predictor of lack of emergency department use,” the authors explain. The symptoms that bring a person to the emergency department (pain, shortness of breath, confusion) are the same symptoms that hospice professionals are specially trained to manage in their patients.

Improving Quality of Life for Cancer Patients

What factors affect quality of life for cancer patients in the final week of life?

Negative influences on the quality of life of these patients in their final weeks of life include a stay in the hospital intensive care unit, dying in the hospital, having a feeding tube, undergoing chemotherapy, and overall stress and worry.

On the other hand, factors contributing to a positive final week of life include prayer and meditation, availability of pastoral or spiritual care, and a strong physician/patient partnership. In such a partnership, the physician views the patient as a whole person, not just as a disease, and treats the patient with respect. The patient trusts the doctor and is comfortable asking any questions about his or her health care situation.

“These results suggest that physicians who are able to remain engaged and present for their dying patients — by inviting and answering questions and by treating patients in a way that makes them feel that they matter as fellow human beings — have the capacity to improve a dying patient’s quality of life,” comment the authors of a study published in the *Archives of Internal Medicine*.

Health care solutions that improve quality of life at the end of life include many that are the basis for hospice care: limiting aggressive treatments and feeding tubes; avoiding hospitalizations and keeping the patient at home; reducing patient anxiety through open communication; and encouraging the patient’s spirituality and the use of pastoral care services.

“By reducing patient worry, encouraging contemplation, integrating pastoral care within medical care, fostering a therapeutic alliance between the patient and physician that enables patients to feel dignified, and preventing unnecessary hospitalizations and receipt of life-prolonging care,” patients can “live their last days with the highest possible level of comfort and care,” the authors conclude.