



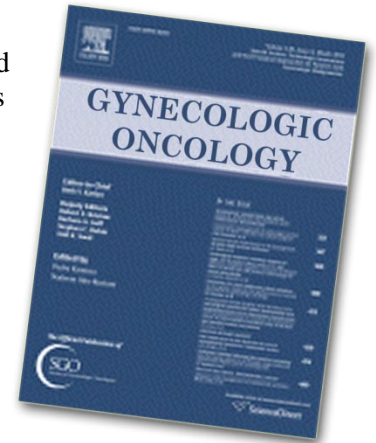
New Research

Hospice Correlates with an 89% Longer Survival among Patients with Recurrent Gynecological Malignancies

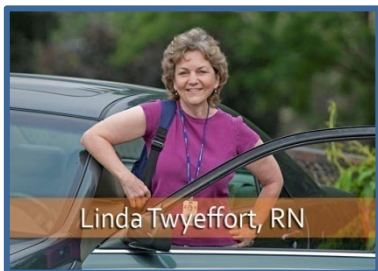
The goal of hospice is neither to shorten nor prolong life. Hospice works to maximize quality of life. Some patients have trouble electing hospice at the right time, because they fear that choosing hospice means giving up hope. In fact, hospice means embracing the hope for maximum quality of life during a very important time. A life lengthened by days to months appears to be a common consequence of the improved quality of life. A study published in *Gynecologic Oncology* this past September adds to the growing body of evidence showing a correlation between hospice care and longer survival.¹⁻⁷

Keyser and colleagues performed a retrospective study following 81 patients with recurrent, persistent gynecologic cancers from 2002 to 2008.¹ Rather than a straightforward hospice vs. no hospice group structure as with most past studies, Keyser and colleagues defined their “no hospice” group as patients who did not enroll in hospice when it was first recommended by the physician. The “hospice” group included all the patients who enrolled in hospice at the time the physician recommended hospice. The “no hospice” group actually had a median time in hospice of one week, while the hospice group had a median time in hospice of eight weeks. Among these matched groups with recurrent, gynecological malignancies, the “no hospice” group experienced a median survival of nine months while the hospice group experienced a median survival of 17 months. To our knowledge, this is the first study structured in such a way as to demonstrate a dose dependent correlation of hospice utilization and improved survival.

Previously, we have reported to you on research that has compared survival among patients with and without hospice and diagnoses of congestive heart failure, breast cancer, lung cancer, colon cancer, prostate cancer, and pancreatic cancer. In each case, hospice correlates with greater survival. Until now, the greatest improvement in survival was measured among patients with congestive heart failure: a mean improvement of 81 days.



Baystate Visiting Nurse Association & Hospice (BVNAH), in particular, excels at the type of physical and emotional support that not only benefits your patients but also the family and caregivers of patients. According to PRC surveys, BVNAH Hospice patient satisfaction for overall quality of care was above the 90th percentile for the past two quarters. Please keep in mind that earlier referral to hospice increases patient satisfaction. The BVNAH hospice team can better establish goals, relieve suffering, and build rapport with patients and families if they have time to plan and if they have time to work proactively at preventing problems.



Linda Twyeffort, RN

The Optimism of Hospice Care

Hospice care can give patients realistic hope. Hospice care focusing on comfort, dignity, and emotional support has been shown to correlate with greater longevity, improved pain control, greater quality of life, improved bereavement status among family, and greater satisfaction with care. When the prognosis is six months or less, please consider the hope available through hospice care.

Call BVNAH to help with important conversations about end-of-life care.
A hospice nurse or social worker will meet your patients at your office, at the hospital, or in their homes.

References

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