



The *New England Journal of Medicine* Addresses Factors in Hospice Underutilization

In a recent issue of the *New England Journal of Medicine*, Gail Gazelle, MD, contributes an article on hospice utilization from a medical provider's perspective: "Understanding Hospice: An Underutilized Option for Life's Final Chapter."¹ Gazelle joins the long list of physicians and other experts who would like to see greater utilization of hospice for the benefit of patients and their families.

A growing body of evidence demonstrates that hospice provides a high quality of care with high satisfaction levels and a number of benefits including improved pain management, longevity equal to or greater than patients pursuing curative measures, improved bereavement outcomes, better overall satisfaction, and lower mortality rates among family members of patients who received hospice care.²⁻⁷ As a central theme in her article, Dr. Gazelle addresses factors obstructing better hospice utilization:

Misunderstanding that patients must have a Do Not Resuscitate order:

Under Medicare guidelines, a DNR is **not** a requirement for hospice admission. While Baystate Visiting Nurse Association & Hospice (BVNAH) hospice staff will provide guidance and assistance with issues such as DNRs, Living Wills, and Power of Attorney, hospice patients may choose to be resuscitated. BVNAH staff will help the patient and family to adjust expectations and goals over time.

Physicians view hospice as a service for imminently dying patients:

In fact, hospice helps people who are trying to live life to its fullest in the face of advanced, incurable disease. Medicare covers hospice services for patients who have six months – not weeks or days – left to live.

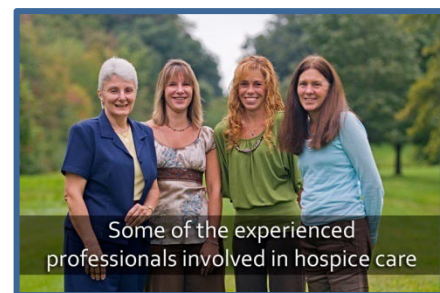
Patients must agree to quit curative treatments:

Medicare does require that patients receiving hospice benefits cannot concurrently receive treatments that are curative in purpose. Authors have suggested that to patients, giving up curative treatments for palliative care feels like letting go of a rope.^{1,8} However, doctors can now explain to patients that patients in hospice live as long as or longer than patients seeking aggressive curative measures.⁸⁻¹³ When the doctor's prognosis is six months or less, hospice's palliative and emotional support may stand as the best option for potentially prolonging life and improving the quality of the remaining life. Practitioners can also remind patients that they can discharge from hospice to resume curative treatments at any time.

Baystate Visiting Nurse Association & Hospice also presents the benefit of providing both home health and hospice services in a way that lets home health serve as a bridge to hospice care. When patients could use additional support at home, but are not ready to "let go of the rope," BVNAH can provide support under a patient's home health benefits with their Palliative Care Program. For many patients, this demonstration of home care from the same system facilitates eventual acceptance of the full hospice benefit.

Some physicians regard the death of a patient as professional failure¹⁴:

Intellectually, all doctors know that one cannot fairly label death of a patient facing advanced terminal illness as a professional failure. True professional victory only lies in delivering services that provide each patient with the best possible quality and quantity of life. Hospice has proven itself to be a reliable instrument in achieving that professional victory.



Some of the experienced professionals involved in hospice care

More than 20 Years of Hospice Experience

BVNAH serves as the experienced option for hospice care. Our hospice program has served families in this community for more than 20 years. Despite the fact that we continually expand our staffing, more than half of our hospice staff has been with us for 5+ years, and more than one-third has been with us for 10+ years. Our medical director is a geriatrician certified in Hospice & Palliative Care, and many of our hospice nurses have earned NHPCO certification.

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 home.

References

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