



Hope. A Plan. And Peace of Mind

Accessing Hospice when the Doctor thinks it is not Needed

Doctors tend to emphasize life-prolonging therapies, and we should be glad that they do. But one problem with this emphasis is that sometimes doctors don't know when to stop. They may continue to recommend therapies when treatment aimed at curing a disease is no longer effective. Even more concerning, they may be reluctant to refer patients for hospice care.

Under current guidelines, a patient should be recommended for hospice when that person is not expected to live more than six months. Yet a recent study published in the British Medical Journal tracked the survival of patients after they were referred to 5 hospice programs in the Chicago area. The study showed that patients survived dramatically shorter periods than six months: an average of only 24 days.

So what's the upshot of this study? Doctors probably should refer patients to hospice much earlier than they do.

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“We are now on Twitter: @Elderdoc1.”



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Anecdotal evidence also bears this out. I have heard many, many stories like this one:

Leisa Hamm was a hospice nurse in the Sacramento area for 10 years, until she became a caregiver for her 94-year-old grandmother. In December 2010, Hamm began to think that her grandmother might need hospice care. She called her grandmother's primary care physician and asked for a hospice evaluation: just send someone out and see what they think.

The doctor resisted this idea: He wanted her grandmother to come for an office visit. Hamm's grandmother didn't feel up for that. She wanted to save her energy for the holiday season. The doctor finally saw her in February, and ordered some lab tests. The tests showed her liver function was off. The doctor wanted to send her to the ER.

They asked if there was another way. Couldn't they do a CAT scan and labs on an outpatient basis? The CAT scan showed some liver abnormalities that the doctor thought may have been caused by a heart medication. He stopped that drug and ordered more tests.

Meanwhile, Hamm's grandmother was growing weaker, and more frail. In the first week of March, while they were getting still more tests done, the grandmother told Hamm that her pain was 10/10 (she had spinal problems) and that she felt just horrible. Hamm called her grandmother's primary care office, to ask for increased pain medication. The office never called back.

Hamm called her former colleagues at hospice, and asked if they would do an evaluation. She also asked if the medical director of the hospice would follow her grandmother's case if the primary care physician would not.



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People from the hospice were there the next day. They made sure that Hamm had the proper medications in the home to treat anxiety and pain. By the afternoon, Hamm's grandmother was agitated and restless. Hamm gave her some medicine for the anxiety. Her grandmother fell asleep almost immediately and never woke up. She died the next morning.

All told, Hamm's grandmother spent only 24 hours in hospice care. Yet Hamm had asked for a hospice evaluation three months earlier. Alas, this sort of delay is all too common.

So what can families do to avoid this outcome?

- Trust your gut. If you feel that it's now more sensible to try to focus on your loved one's comfort, rather than a cure, don't back down.
- Start by formally requesting that your primary care physician arrange a hospice evaluation done by a hospice provider, says Jennifer Kennedy, of the National Hospice and Palliative Care Organization (NHPCO) in Alexandria, Virginia.
- If you sense that the primary care physician is reluctant to begin hospice care, or if the physician doesn't respond promptly, then contact a hospice provider directly.
- You can find referrals to various hospice providers at your local Institute on Aging, or at the NHPCO website (www.nhpco.org).



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Events Attending

**6th Annual Conference on Elder Abuse
Hosted by Legal Assistance for Seniors**

Date: Monday, June 20, 2011

Time: 8am to 5pm

Marriott Oakland City Center

1001 Broadway, Oakland, CA

Theme: "Connections that Count... Linking Legal, Clinical and Social Work
Professionals for Elder Justice"

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