HOSPICE COMPASSUS
Serving with *Heartfelt* Compassion

Article Review

"I'm Not Ready for Hospice": Strategies for Timely and Effective Hospice Discussions

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Key Points

- ✓ **It is not unusual for patients and families to have overly optimistic goals and expectations of treatment.**
- ✓ **Early discussions can promote a more timely enrollment and may improve satisfaction with end-of-life care.**
- ✓ **The most valuable predictors of a limited life expectancy can be derived from available clinical and laboratory data and require no additional testing. (See Table 1)**
- ✓ **When patients have a poor prognosis and treatment options are limited, physicians should discuss hospice more directly and recommend it when appropriate.**
- ✓ **The overall aim of a hospice discussion that follows this approach is to define a patient's treatment goals and needs for care and then to present hospice as a way to achieve those goals and meet those needs.**
- ✓ **An effective approach to hospice discussions has 8 steps:**
    1. **Establish the Medical Facts**
    2. **Set The Stage**
    3. **Assess the Patient's Understanding of His or Her Prognosis**
    4. **Define the Patient's Goal for Care**
    5. **Identify Needs for Care**
    6. **Introduce Hospice**
    7. **Respond to Emotions Elicited and Provide Closure**
    8. **Recommend Hospice and Refer**

For More Information Contact Your Community Hospice Compassus Team

Abstract

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Hospice programs offer unique benefits for patients who are near the end of life and their families, and growing evidence indicates that hospice can provide high-quality care. Despite these benefits, many patients do not enroll in hospice, and those who enroll generally do so very late in the course of their illness. Some barriers to hospice referral arise from the requirements of hospice eligibility, which will be difficult to eliminate without major changes to hospice organization and financing. However, the challenges of discussing hospice create other barriers that are more easily remedied. The biggest communication barrier is that physicians are often unsure of how to talk with patients clearly and directly about their poor prognosis and limited treatment options (both requirements of hospice referral) without depriving them of hope. This article describes a structured strategy for discussing hospice, based on techniques of effective communication that physicians use in other "bad news" situations. This strategy can make hospice discussions both more compassionate and more effective.

Table 1. **Factors That Are Associated with a Limited Prognosis and That Should Trigger Consideration of Hospice in Selected Diagnoses***

Congestive heart failure
- New York Heart Association class IV (the existence of symptoms at rest) (21)
- Serum sodium level <134 mmol/L or creatinine level >2.0 mg/dL attributable to poor cardiac output (22)

Chronic obstructive pulmonary disease
- Cor pulmonale (23, 24)
- Intensive care unit admission for exacerbation (25)
- New dependence in 2 ADLs (24)
- Chronic hypercapnia ($Paco_2$ >50 mm Hg) (26)

Dementia
- Dependence in all ADLs, language limited to several words, and inability to ambulate (27)
- Acute hospitalization (especially for pneumonia or hip fracture) (28)

Cancer
- Performance status
  - Karnofsky score <50 (29)
  - Eastern Cooperative Oncology Group score >2 (30, 31)
- Signs and symptoms
  - Liver metastatic tumors (32)
  - Multiple tumor sites (≥5) (32)
  - Malignant bowel obstruction (33–35)
  - Malignant pericardial effusion
  - Carcinomatous meningitis

* ADLs = activities of daily living.