

the Author



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What would be left undone if you died today? Why do early referrals to hospice matter?

By Dr. Jane Kurucz *Medical Director, Hospice of Huntington, Inc.*

Hospice of Huntington has a vision. Our vision is that all people with a life-limiting illness will have hospice care sooner, so they can live life to the fullest.

According to the National Hospice and Palliative Care Organization, the median length of stay for hospice patients in the United States is about three weeks. For Hospice of Huntington patients, the most frequent length of stay is 14 days or less. While hospice care can certainly improve the last few weeks of a person's life by controlling symptoms and supporting the family through the dying process, it is so much more than caring for someone during the last few weeks of life. When patients facing a terminal illness have supportive palliative care, they are able to participate actively in life's activities for a longer period of time. Helping patients to come to terms with their illness and feel well enough to participate fully in life is an important goal for physicians and health care providers.

The March 2007 issue of the *Journal of Pain and Symptom Management* reports a study that hospice care may prolong the lives of some terminally ill patients. The study was sponsored by the National Hospice and Palliative Care Organization in collaboration with the consulting and actuarial firm, Milliman, Inc. The Researchers selected 4,493 terminally ill patients with either congestive heart failure (CHF) or cancer of the breast, colon, lung, pancreas, or prostate. They analyzed the difference in survival periods between those who received hospice care and those who did not. Data came from the Centers for Medicare and Medicaid Services and represented a statistically valid five percent sampling from 1998 to 2002. Longer lengths of survival were found in four of the six disease categories. The largest difference in survival between the hospice and non-hospice patients was observed in CHF patients where mean survival period jumped from 321 to 402 days. The mean survival period was also significantly longer for the hospice patients with lung cancer (39 days) and pancreatic cancer (21 days), while marginally significant for colon cancer (33 days).

The August 19, 2010 edition of the *New England Journal of Medicine* reports on a recent study of Early Palliative Care for Patients with Metastatic Non-Small Cell Lung Cancer. At Massachusetts General Hospital in Boston, 151 ambulatory patients with newly diagnosed metastatic non-small-cell lung cancer participated in a non-blinded, randomized, controlled trial of early palliative care integrated with standard oncologic care, as compared to standard oncologic care alone. The results were remarkable. The early integration of palliative care with standard oncologic care prolonged survival by approximately two months and improved the quality of life and mood. Rates of depression differed significantly between the groups, with approximately half as many patients in the palliative care groups as in the standard care group reporting clinically significant symptoms of depression.

These studies point to an improvement in quality and length of life when patients receive early palliative care. Hospice of Huntington, Inc. offers professional hospice and palliative care to patients much sooner than most people realize. If you can say that you would be surprised if the patient was alive this time next year, the patient most likely qualifies for hospice care. While eligibility for hospice care is that the patient must have a terminal illness where the physician states that they most likely have six months or less if the illness follows its normal course, studies show that

Hospice of Huntington, Inc. is a non-profit organization serving terminally ill patients through compassionate healthcare in West Virginia and southern Ohio, regardless of their ability to pay.



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most physicians overestimate survival timeframes. Lamont and Christakis reported in the July 2003 issue of JAMA, “Complexities in Prognostication in Advanced Cancer” that disclosure of prognosis to the patient by the physician is among a physician’s most difficult task, yet it provides an opportunity to improve their patients’ end-of-life experiences. This disclosure helps patients to live their lives the way they want to live it.

Hospice of Huntington can help physicians have these difficult discussions with patients. We acknowledge the life-limiting nature of the illness, offer symptom management and support so patients can do the things most important to them.

When you bring up the hospice topic, state very simply that hospice will help them feel as good as possible for as long as possible. Most people actually do better with hospice than without the supportive care we offer.

SOURCES: “Early Palliative Care for Patients with Metastatic Non-Small Cell Lung Cancer,” NEJM 2010; 363: 733-742; Elizabeth B. Lamont, MD, MS & Nicholas A. Christakis, MD, PhD, MPH. “Complexities in Prognostication in Advanced Cancer” To Help Them Live Their Lives the Way They Want To”, JAMA, July 2, 2003. End-of-Life Palliative Education Resource Center www.eperc.mcw.edu; Charles F. von Gunten, MD, PhD. “Breathless”, Journal of Palliative Medicine Vol 13, Number 9, 2010.

MISSION STATEMENT Hospice of Huntington provides compassionate physical, emotional and spiritual care for those with a life-limiting illness, and continued support for their families.

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