



What the Media Said about End-of-Life Care This Week

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ARTICLE EXPLORES THE DIFFICULTIES OF HOSPICE DISCHARGES

In “Graduating From Hospice Calls for a Continuum of Care,” in *Next Avenue*, Jennifer Lagemann, caregiver and home health administrator, explores the challenges patients faced when they are discharged from hospice. Lagemann also offers suggestions of addressing these challenges.

Hospice patients who “survive, says Lagemann, ” must face what they have often been told is impossible—**living!** Live patients who no longer meet Medicare criteria are discharged. And these discharged patients are often not provided the proper resources to continue their journey.” To complicate matters even more, says the article, “the Medicare term for making it out of hospice alive is to ‘graduate.’” Many older hospice patients are “prepared, counseled, and equipped in more ways than one for their lives to end with hospice care at their bedside.”

According to NPR, says the article, about 20% of hospice patients have live discharges from hospice. This leaves patients, family members and caregivers “stranded to find alternative care support, resources, and counsel.” The patients and families face trauma, and family caregivers are left to deal with what comes next. According to the article, there are over 53 million caregivers offering the support their loved ones need. And the value of their care is forty-seven billion dollars.

What is needed, says the article, is a backup plan for the care of patients who improve or do not continue to decline. When hospices are not able to provide that care, patients still need a support system. The article argues that the term “hospice graduate” needs to be tossed aside. Instead, these patients might be called survivors. And, instead of “defining hospice care as the final destination of care, we could rebrand it as end-of-life continuum.” (*Next Avenue*, 4/20, <https://www.nextavenue.org/graduating-from-hospice-isnt-all-pomp-and-circumstance/>)

HOSPICE NOTES

* “In end-of-life care, hospice can ease angst” is the title of an article in *The San Diego Union*. The article focuses on helping readers know what to expect if they enter hospice care. It also examines the best time to enter hospice, and notes the benefits of hospice care for both the patient and the caregiver/s. “Low overall hospice utilization and intractably low median lengths of stay” often occur, says the article, citing a 2018 study in the *Journal of Pain and Symptom Management*. The article advises people to think about hospice as their quality of life becomes “significantly impaired and when their treatments are not going to change the outcome.” (*San Diego Union*, 4/19, <https://www.sandiegouniontribune.com/news/health/story/2022-04-19/in-end-of-life-care-hospice-can-ease-angst>)

* In Sarasota, FL, the Second District Court of Appeals affirmed the right of Continuum Care of Sarasota to serve hospice patients in Sarasota County. Tidewell hospice, which merged with Empath Health in May 2021, will also continue its service of over 40 years to residents of the area. Continuum is now waiting on the appeals court to approve a certificate of need, which it expects will happen in the near future. Continuum has also “filed letters of intent” to serve in both Charlotte and DeSoto counties, which Tidewell hospice also serves. “Continuum Care, which started in California, also serves patients in Broward County, Miami-Dade and Monroe counties.” Continuum says that its “visit frequency is much higher than what the standard has been here,” with at least five nursing visit per week, and at least five hospice aid visits per week. (Sarasota’s *Herald Tribune*, 4/22, <https://www.heraldtribune.com/story/news/local/sarasota/2022/04/22/court-rules-in-favor-continuum-care-sarasota->

* **An article in *Oncology Nursing Today* explores the concept of “total pain.”** The article says that hospice understands that pain includes ‘physical, psychological, social, emotional, and spiritual elements.’ Hospice of the Western Reserve’s “9 pillars of the total pain/hospice model” are shared in the article. Hospice, say these pillars, knows that pain includes all of the elements above; that pain and suffering are related but not always the same; that pain management with medications is limited to physical pain; that hospice teams address total pain; and that suffering includes “forgiveness, meaning, relatedness, and hope.” Additionally, total pain impacts patients and caregivers alike; pain is addressed by the hospice team all working together; and pain is best addressed if patients can be referred to hospice at the appropriate time. (*Oncology Nursing News*, April 2022, <https://www.oncnursingnews.com/view/understanding-total-pain-in-the-context-of-oncology-care>)

* **“Advocates Push to Improve Hospice and Palliative Care Training to Meet Underserved Patient Needs” appears in *Insight Into Diversity*.** The article first notes the growth of the aging population, saying that there will be 83.7 million U.S. citizens by 2050. AAHPM’s Chief Medical Officer says that, even with the growth of palliative care programs, the training and preparation of physicians “is inadequate.” And this is even more true for underserved communities where disparities continue. The article calls for healthcare schools to “increase focus on diversity, equity, and inclusion (DEI) in palliative care, this gap will only continue to grow as the country’s population continues to become older and more diverse.” A number of advocates are now pushing Congress to pass the Palliative Care and Hospice Education and Training Act (PCHETA). The bill, first introduced in 2019, has been passed by the House of Representatives twice, and seems to have bipartisan support in the Senate. Some medical schools are improving their education in this area, but more is needed. The efforts and outcomes of other groups, including the National Coalition for Hospice and Palliative Care, The University of Alabama at Birmingham, and University of Rochester School of Medicine are examined. (*Insight Into Diversity*, 4/18, <https://www.insightintodiversity.com/advocates-push-to-improve-hospice-and-palliative-care-training-to-meet-underserved-patient-needs/>)

* **As expected, Humana “will divest its majority stake” of Kindred at Home Hospice, which it bought last year.** The majority stake, 60%, will now go to Clayton, Dubilier and Rice, an investment fund. The deal includes \$2.8 billion in cash. (*Fierce Healthcare*, 4/20, <https://www.fiercehealthcare.com/payers/humana-sell-majority-stake-kindreds-hospice-business-private-investment-firm>)

END-OF-LIFE NOTES

* **Ethicist Art Caplan examines the growth of the number of people dying during alone that has been experienced during the pandemic.** Caplan asks and answers, “What can we do?” He calls for physicians to initiate conversations with patients and help encouraging planning for end of life. He also believes that earlier palliative care referrals are needed. (*Medscape*, 4/18, <https://www.medscape.com/viewarticle/969812>)

* **Rainbow Health MN is sponsoring a free online event entitled “Let’s Talk About Death: LGBTQ Folx and End-of-Life Care.”** The event will happen on May 26 from 6:00 to 7:30 PM EDT. Registration at no cost is available online at the link below. (Eventbrite, <https://www.eventbrite.com/e/lets-talk-about-death-lgbtq-folx-and-end-of-life-care-tickets-311828055107?aff=ebdsoporgprofile>)

* **In “How a Prognosis Can Precipitate an Existential Crisis,” physician Daniel Miller examines the process of integrating a prognosis of serious illness.** This “untimely glimpse of our own mortality” creates a cognitive dissonance. This existential crisis places people into “unbearable loneliness,” “an abyss of isolation,” feelings “of utter hopelessness,” and fear. This state of mind, if unprocessed, says Miller, “will lead to a much-reduced quality of life, severe depression and anxiety,” and possibly to wishes of suicide. We deal with this by “allowing ourselves to be vulnerable” and leaning on those closest to us. There is no one path through this, says Miller, and he shares various ways that people cope. There comes a time for a reframe, where “hope and meaning are attainable.” (*Psychology Today*, 4/20, <https://www.psychologytoday.com/us/blog/end-life-matters/202204/how-prognosis-can-precipitate-existential-crisis>)

* **An article in *The Hollywood Reporter* explores how stories of death on TV are “giving us a roadmap for moving through this stage of life.”** The article shares several ways that scenes of death and dying are appearing in TV shows, and notes how they are impacting “how to live, and how to die.” (*Hollywood Reporter*, 3/29,

<https://www.hollywoodreporter.com/tv/tv-features/this-is-us-human-resources-alzheimers-storylines-caregiving-1235118577/?fbclid=IwAR25pryDV8w6rYJXOjsCCmHhwMI3DPizfpuYY2VFbFRi20QH4cF0td-k4sI>

* **The Washington State Hospital Association is offering a free live webinar titled “Recognizing Inequities in Serious Illness and End-of-Life Care.”** The webinar will examine tools for being advocates for marginalized communities. The registration link is in the “Register now” link embedded in the article link below. (Washington State Hospital Association, 4/21, <https://www.wsha.org/articles/webinar-recognizing-inequities-in-serious-illness-and-end-of-life-care-2/>)

* **“The stunning rise of cremation reveals America’s changing idea of death,” appears in *The Washington Post*.** The article examines the steep growth in cremation numbers, citing that cremation now accounts for the disposition of more bodies than casket burials. From 2000 to 2020, in fact, the percentage of cremated Americans cremated grow from about 27% to 56%. The article examines the reasons for such changes and explores how this is impacting the funeral home industry. “Cremation finally skyrocketed,” says the article, “as America became increasingly secular.” Other factors impacting the change include lower costs of cremation vs. funerals, and the convenience of the service. The practice is “more popular in states that vote Democratic,” says the article, with Nevada, Washington, Oregon and Maine rates reaching 80% or more. The cremation company named Solace is a one-stop national company that oversees cremation from start to finish for a flat rate of \$895. More green options are emerging, though the costs are much higher than cremation. (*Washington Post*, 4/19, <https://www.washingtonpost.com/lifestyle/2022/04/18/cremation-death-funeral/>)

* **A high-profile case of an Ohio Doctor, William Husel, has been in the news since October of 2019.** Husel faced 14 counts of murder when he was accused of overdosing patients with fentanyl from 2014 to 2018. An article in *New York Times* says Husel was “admired by his colleagues and patients.” Now, Dr. Husel has been acquitted on all counts. Originally, Husel’s actions were found “suspicious” in 35 cases. He was first charged with 25 murders, and that number was later reduced to 14 murders. “The health care and legal industries have debated for years about how to treat patients who are dying,” says the article. “Opioids are widely used to alleviate pain in dying patients, but experts have said the drugs must be prescribed carefully.” Husel had worked for Mount Carmel Hospital in Columbus from 2013 through 2018. An article in Michigan’s *WWMT News 3* says “Mount Carmel has reached settlements totaling more than \$16.7 million over the deaths of at least 17 patients, with more lawsuits pending.” (*New York Times*, 4/20, <https://www.nytimes.com/2022/04/20/us/william-husel-ohio-doctor-murder-trial.html>; *WWMT News 3*, 4/20, <https://wwmt.com/news/nation-world/jurors-to-begin-a-sixth-day-of-deliberations-former-mount-carmel-doctor-william-husel-murder-trial-impasse-jury-questions-judge-michael-holbrook-jose-baez-fentanyl-comfort-care-wednesday-4-20-2022>)

GRIEF AND ADVANCE CARE PLANNING NOTES

* **In 1920, NPR offered a “Life Kit” with tips and support in “starting an advance directive to prepare for a good death.”** The kit works to help people understand that they do not need a lawyer or special training to plan for end-of-life care. Even among the patients who are most ill, fewer than 50% have talked with someone about the care they prefer to receive. A recent encore NPR program talks about the Life Kit, (NPR, 4/21, <https://www.npr.org/2022/04/21/1093982828/encore-like-kits-planning-for-the-end-of-a-life>)

* **“Sadness and Loss are Everywhere. Books Can Help” appears in *New York Times*.** Author Margaret Renki suggests that books are “a gentle way for a child to encounter the hardest truth that shadows mortal life: There are no happy endings.” She offers many examples, from her own experiences with books and from life; and offers a reflection on the realities of loss and death. (*New York Times*, 4/18, <https://www.nytimes.com/2022/04/18/opinion/books-death-grief-hope.html>)

* **In “Some People Turn Suffering Into Wisdom,” author David Brooks examines the way people handle trauma and loss.** First, says Brooks, there is a “slow and physical” response. Then, “Gradually the process of re-storying begins.” Here, we take our fragmented realities and slowly weave the pieces back into “a new narrative.” Later, there is the process of regaining control over your beliefs.” “People rewrite the story of their lives not only with words but also with new actions.” There is no one agreement about how post-traumatic growth emerges. (*New York Times*, 4/21, <https://www.nytimes.com/2022/04/21/opinion/suffering-trauma-wisdom.html>)

* **A Motley Fool podcast, titled “How to Talk About Death,” is posted at Nasdaq.com.** Motley Fool co-founder, David Garner, talks with Michael Hebb about death. Hebb is author of “Let’s Talk About Death Over Dinner.” The conversation examines how Hebb’s came to be drawn to write the book. Hebb’s said the book is a gift to all and explains why the book is not trademarked. The website for the book and the process of having the “dinners” has a website, that is the second link below. The video and transcript of the interview are online at the first link below. (Nasdaq, 4/19, <https://www.nasdaq.com/articles/how-to-talk-about-death>; <https://deathoverdinner.org/>)

OTHER NOTES

* **Medscape offers “One Doctor’s Psychedelic Journey to Confront Cancer.”** Physician Pradeep Bansai shares in detail his guided experience with psilocybin during a study at the Aquilino Cancer Center in Maryland. A gastroenterologist, Bansai was skeptical of the process, but was experiencing crushing depression after being diagnosed with cancer in his kidney and then, later, in his lung. The article is an explicit sharing of every aspect of his experience while preparing for, using and moving on from his psychedelic experience. Bansai calls his usage of psychedelics “the single most powerful experience of my life.” Says Bansai, ““Had somebody told me going into this that I would come out a transformed being or a person with a completely different perspective on life, I would never have believed it.”” (*Medscape*, 1/6, https://www.medscape.com/viewarticle/966216?uac=68861EJ&faf=1&sso=true&impID=4176973&src=WNL_info_cu4_220420_MSCPEDIT#vp_6)

The production of the movie “Being Mortal,” based on the book by Atul Gawande, has been suspended because of an unspecific complaint about Bill Murray. It is unclear if Murray will be replaced in the film and when production might resume. (NPR, 4/24, <https://www.npr.org/2022/04/22/1094378232/production-halted-bill-murray-film-being-mortal>)

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