

  Clipped from Safari:

Health NW: Hospice improves quality of last days

Wednesday, January 28, 2004

Kathryn B. Brown, FNP

Health Care Writer, kbbrown@eastoregonian.com

The state of Oregon has a good reputation according to those who are concerned about quality of life for terminally ill people. Not only did voters approve the individual's right to opt for physician-assisted suicide, but also Oregon has the lowest rate of deaths inside hospitals in the United States. Just 22 percent of Oregonians died in hospitals in 2001, compared to more than 50 percent nationwide.

A poll done in 1996 found that 90 percent of Americans would prefer to die at home – rather than in a hospital – if they had a terminal illness. Yet, in many other states, it is too difficult for families to care for a dying person at home without help.

Oregon is different because there is a hospice agency in every county. (In Washington, four counties do not have hospices.) Hospice agencies care for terminally ill patients at home, as well as in nursing homes and residential hospice houses. The philosophy of hospice emphasizes quality of life for the dying person.

Hospice teams work with patients, families and physicians to come up with a treatment plan, which allows the patient to live his or her final days and weeks comfortably. Caring for a dying person at home is challenging and can be intimidating, but hospice offers support and assistance to empower family and friends to manage the care of their loved one. A hospice nurse is available by telephone 24 hours a day, 7 days a week for help and advice.

Nurses who are experts in managing pain and other symptoms visit hospice patients regularly. Nurses teach family members how to help with patient care and comfort.

Besides nurses, patients may be visited by nursing assistants who help as needed with personal needs such as bathing, dressing and eating. Social workers assist with financial and insurance issues, help coordinate transportation, and help with obtaining supplies, medical equipment and medications.

Hospice improves quality of last days

Hospice volunteers offer companionship and can help with shopping, cleaning or other practical needs. Volunteers also can provide some respite for family members by staying with the patient so the family can attend to other obligations, or just have some time off to take care of themselves.

Many hospices have counselors or chaplains who can help patients and families with the emotional and spiritual needs around death and dying. Hospices offer bereavement services to families and friends after the death of the patient.

To be eligible for hospice services, a person must be terminally ill, meaning a cure is not likely, and have a life expectancy of less than six months. The person must no longer be receiving treatment aimed at a cure for their disease, though they may receive treatment for pain and other symptoms. Hospice patients have diseases such as cancer, Alzheimer's Disease, ALS (Lou Gehrig's disease), AIDS, or end-stage heart, lung, liver or kidney disease.

Hospice care is covered by private insurance, Medicare, Medicaid and the Oregon Health Plan. However, not all costs may be covered, so there may be costs to the patients. Hospices never turn away patients due to inability to pay. They depend on donations and gifts from the community.

Besides improving the quality of life for dying patients, hospice care is cost effective. The average cost for one day in the hospital is more than \$1,000, but one day of home health or hospice care costs closer to \$100. Receiving hospice care at home instead of the hospital saves an average of \$7,000 per Medicaid patient, according to a 2003 study.

Kathryn B. Brown is a family nurse practitioner with a master's degree in nursing from OHSU. Is there a health topic you would like to read about? Send your idea to kbbrown@eastoregonian.com.