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## The Importance of the Conversation

Initiating the conversation about hospice is the first step in helping a patient have a comfortable transition from curative to comfort care. As the patient's physician, and as someone he or she trusts, you can play an integral role in helping your patient develop a plan for end-of-life care. Because most people wait for their doctors to initiate challenging end-of-life discussions, patients are less likely to make the hospice decision without physician referral.

In the patient's best interest, it is important to have the conversation as soon as you suspect the illness is terminal. Though patients enrolled in the last weeks or days of life do benefit from hospice care, they cannot fully benefit from many of hospice's services. Early referral will allow hospice to help your patient by:

- Providing comfort care for the patient's physical, emotional, and social needs, as well as support and respite for caregivers
- Delivering care, medications, and medical supplies to wherever the patient calls home
- Providing assistance in making end-of-life decisions and allowing the patient to have a dignified death
- Offering bereavement support for families
- Providing care at no cost to the patient under Medicare/Medicaid and most insurance plans

*"A large, diverse, and consistent body of evidence demonstrates that early discussions of serious illness care goals are associated with beneficial outcomes for patients, without harmful adverse effects."*

— *Rachelle E. Bernacki, MD, MS, and Susan D. Block, MD,*

*"Communication about Serious Illness Care Goals," JAMA Internal Medicine*

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## When to Start the Conversation

Patients are eligible for hospice care when they have six months or less to live. However, clinicians agree that prognosticating life expectancy can be difficult. There may be many different factors to take into account. If any of the following apply to a patient, it may be time to discuss his or her preferences for end-of-life care:

- You would not be surprised if the patient died within a year
- The patient has a terminal illness such as end-stage cancer, ALS, Parkinson's Disease, dementia, COPD, congestive heart failure, renal disease, etc.
- Symptoms of the disease are becoming difficult to manage, or there is a steady or significant decline in the patient's condition, including:
  - Difficult-to-control pain
  - Oxygen dependency
  - Dramatic weight loss
  - Recurrent infections
  - Dyspnea and/or dysphagia
  - Diminished functional status
  - Decline in cognitive function
  - Multiple hospitalizations
- When the patient requests no further treatment, is discouraged by current treatment, or asks about hospice

The way you initiate an end-of-life care conversation depends on the patient's circumstances, your relationship with the individual, and what you feel is the best way to approach the topic. Consider using the following chart to help guide the hospice discussion.