

Is hospice use alone a good indicator of quality of end-of-life care?

August 20 2015



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Hospice use is commonly accepted as an indicator of quality of end-of-life care, however, when researchers in the U.S. studied variations in patterns of hospice use between states, they found troubling trends. They discuss the variations in the timing and duration of hospice enrollment and their implications in an article published in *Journal of Palliative Medicine*.

In "["Geographic Variation of Hospice Use Patterns at the End of Life"](#), Shi-Yi Wang, MD, PhD, Yale University School of Public Health (New Haven, CT), and coauthors from Yale Cancer Center, Yale University School of Medicine, Mount Sinai School of Medicine (New York, NY), James J. Peters VA Medical Center (Bronx, NY), and John D. Thompson Hospice Institute for Education, Training and Research, Inc. (Branford, CT), performed a retrospective analysis of Medicare patients who used [hospice](#) services during the last 6 months of their lives.

The researchers compared hospice use data on a state-by-state basis and identified important differences between states in the percentages of very short or very long hospice stays (reflecting late or early enrollment) and of patients leaving hospice before their deaths. Looking at overall, nationwide, hospice use alone as an indicator of quality of [end-of-life care](#) could mask issues that require attention.

"Hospice care should be the completion of good care," says Charles F. von Gunten, MD, PhD, Editor-in-Chief of *Journal of Palliative Medicine* and Clinical Professor of Medicine, Ohio University. "However, as illustrated in this important work, how you use the hospice, analogous to how you take a medicine, is also important. You wouldn't expect benefit from just getting the prescription but not using it appropriately—the same is true for [hospice care](#)."

More information: The article is available free on the [Journal of Palliative Medicine](#) website until September 20, 2015.

Provided by Mary Ann Liebert, Inc

Citation: Is hospice use alone a good indicator of quality of end-of-life care? (2015, August 20)
retrieved 19 September 2024 from

<https://medicalxpress.com/news/2015-08-hospice-good-indicator-quality-end-of-life.html>

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