

# Introducing Hospice to Patients & Families

## Triggers for EARLY Hospice Discussions\*

- Patient or family chooses to focus on comfort rather than cure of the disease
- Recent hospitalization
- Decline in performance status
- New weight loss
- Complication of treatment
- Unresponsive to treatment

*\*Hospice eligibility criteria including a life prognosis of 6 months or less or the willingness to forgo curative treatment should not be used to define the patients for whom a hospice discussion is appropriate.*

## Hospice Discussion Tips

- Sit down next to the patient in order to be at eye level.
- Ask the patient if family members or others should be present. Be prepared to postpone the discussion if this is true.
- Be 100% present.
- Allow adequate time.

## 10 Steps To Compassionately Initiate the Hospice Conversation With Your Patient

- 1 Establish the setting
  - "I'd like to speak with you about our overall goals for your care."
  - "I'd like to review your current condition and make plans for the future. Would you like a family member or friend to be here with you?"
- 2 What does the patient understand about his/her prognosis?
  - "Tell me about your understanding of the most recent tests/studies."
  - "What do you understand about your current health situation?"
  - "What do you understand from what the doctors have told you?"
  - "Can you share with me what you think is happening with your illness and your treatments?"
- 3 Identify goals of care
  - "What do you see for yourself in the future?"
  - "What is most important to you now?"
  - "What are your biggest concerns right now?"
  - "What are you hoping for?"

- 4 Reframe goals ("wish" statements)
  - "I wish I could promise you that you will be able to make it to your daughter's wedding, but unfortunately I can't. What do you think about writing a letter for her to read on her wedding day? We can also think about other ways to let her know that you will always be with her, even if you cannot physically be there."
  - "I wish that we could find a new chemotherapy that could cure your cancer. At this time a cure is not available. Let's develop a plan to meet some of your other goals, like staying at home to spend time with your children."
- 5 Identify needs for care
  - "What challenges have you and your family faced during your health journey?"
  - "How are you and your family dealing with life and managing your illness at home?"
  - "Has anything been bothering you, such as pain or other symptoms?"
  - "Have you been feeling sad or anxious lately?"
  - "Would it be helpful to have a nurse visit your home to assist you with your medications and help manage your symptoms?"
- 6 Introduce hospice philosophy of care
  - "There is a type of care that focuses on keeping you as comfortable as possible in the comfort of your own home, or wherever you call home. The services are based on a holistic approach which include treating the spiritual, emotional and mental symptoms, as well as the physical. The services include expert pain and symptom management. They have social workers and chaplains that can visit with you and your family for spiritual and emotional support. They are available by phone 24 hours a day, 7 days a week."
  - "If at any time, a new promising therapy is discovered, we can discontinue the service and begin the new therapy. There are even instances where patients got better after the increased medical care delivered by the service."

- "Does that sound like something you're interested in?"
- 7 Recommend hospice
    - "From what you have shared with me today, I recommend this service. This service is called hospice."
    - "Hospice is a type of medical care for people who are diagnosed by a physician to have a life-limiting condition - limited to 6 months or less. It's for people who have exhausted all possibilities for a cure or no longer want to pursue curative treatment. It's a type of care that focuses on keeping you comfortable and treating your symptoms. Hospice is not about death and dying - it is about living as well as you possibly can until you take your last breath-however long that may be."
    - "A common misconception is that hospice is for the very end of life. This is not the case. In order for you to get the full benefits of hospice, we should call hospice now, at this stage in your illness."
  - 8 Respond to emotions
 

At times, the most thoughtful initial response a physician can make is silence, a reassuring touch and offering facial tissues.

    - "Tell me more about how you are feeling."
    - "I can see this makes you sad."
    - "I can see it's not easy for you to talk about hospice."
    - "I can't imagine how hard this is for both of you, you care about each other so much."
    - "You seem angry."
    - "Many people are understandably upset when they learn how ill their loved one is."
  - 9 Reassure
    - "Hospice's goal is to maintain or improve your quality of life as much as possible and to help you and your family make the most of the time you have remaining."
  - 10 Establish a plan
    - "I'd like to arrange for a hospice team member to visit you so you can decide for yourself whether hospice is right for you. I know this is a big decision, and the decision is yours."
    - "I'd like to arrange an enrollment visit."

Adapted from: \* Von Gunten, Charles F. "Discussing Hospice Care." *Journal of Clinical Oncology*; Volume 20 Number 5. March 1, 2002.

\* Shin, Jennifer MD, and David Casarett, MD, MA. "Facilitating Hospice Discussions: A Six-Step Roadmap." *Supportive Oncology* Volume 9, Number 3. May/June 2011.

Call Unity 24/7 at **800.990.9249** for assistance in continuing the hospice conversation with your patient.