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Northwest Osteopathic Medical Foundation, Grants Committee



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Foreword

by Terry L. Connor, D.O.

Little did I know, as I reflect back to the beginning of my thirty-two years in medicine, about the long-term relationships that would evolve with patients.

As young students and physicians we train to treat exotic conditions that most of us will never encounter. The focus of our training is noble, but it seems to lack a vital element: the dying patient. After ten to fifteen years in practice, only then do we realize the void in our training regarding end-of-life care. Certainly, it has been a pleasant surprise to see all the national activity in the end-of-life care arena.

As a primary care provider with many long-term patient relationships, I believe it imperative that our medical training is enhanced. Medical technology over the past forty years has had a very nice impact on longevity, but future physicians need better preparation to assist their patients and families with the transition to dying. The reality is that physician care at the end-of-life has had difficulty keeping up. Our medical schools need to incorporate education on hospice into their curriculum.

Hospice Care: A Physician's Guide is an excellent resource that all students and physicians should have at their disposal. It will help physicians improve patient care and family comfort.

During the last fifteen years hospice has had a tremendous

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impact on many of my patients and their families. Countless family members have called to express thanks for having hospice help them through their end-of-life journey. Yet, the median length of stay in hospice is less than twenty days, even when eligibility for most hospice benefits is an estimated life expectancy of six months—or 180 days. The consequences of late hospice admissions may be a series of delayed or missed opportunities for successful symptom control and emotional support.

Late admissions to hospice are the result of many factors, including patient, family, and caregiver reluctance or lack of awareness. Physicians may delay referrals to hospice because the prognosis of life expectancy is uncertain and may change.

The Social Security Act was amended in 2000 to clarify that certifications of terminal illness shall be based on the clinical judgment of the attending physician or hospice medical director in regard to the normal course of the illness. Furthermore, the amendment emphasized the understanding that making prognoses of life expectancy is not always exact. An “Open Letter” from Tom Scully, former administrator of the Centers for Medicare and Medicaid Services in 2003, addressed late referrals to hospice and reassured physicians that clinical judgment determines hospice eligibility. A letter from the four medical directors of Medicare’s fiscal intermediaries added their support and encouraged physicians to initiate discussions for timely admissions to hospice care.

Hospice Care: A Physician’s Guide is an excellent tool to help us accomplish that. As physicians, we are the most influential persons to institute this important resource. The impact on our patients is unparalleled.

Terry L. Connor, D.O.
Chair of the Grants Committee and Secretary
Northwest Osteopathic Medical Foundation
Portland, Oregon



Physician's Role in Hospice and Palliative Care

The importance of the physician's relationship with a terminally ill patient and his or her family throughout the course of illness cannot be overemphasized. In a focus group discussion conducted through the Allina Foundation's Project DECIDE, one patient commented, "You are so tied to physicians, you are relying on them for the lifeline. If they suggest an option, you think, OK, I guess I better look at this." Another reiterated the trust relationship: "I just went along with what the doctor said...I thought he knew what to do and would take care of it." (Allina Foundation, 1994)

The physician is a key member of the hospice team. From initiating the discussion about hospice to signing the death certificate, the physician's involvement is crucial to the patient, family and other members of the hospice team. Yet many physicians, especially those who refer to hospice only occasionally, may not be aware of the full range of services offered by hospice or the tremendous growth experience at the end of life that can occur within patients and families.

In addition to the attending physician¹, the hospice team includes the medical director, nurses, home health aides and homemakers, social workers, chaplains, volunteers, and ancillary therapists. Under the attending physician's direction, the hospice team specializes in pain and symptom management, and provides support for the family as well as the patient.

¹The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 redefined "attending physician" to include nurse practitioners (NPs), in regard to hospice services, except that NPs may not certify a patient's terminal illness. (Section 408)