
HOSPICE NEWS NETWORK

What the Media Said about End-of-Life Care This Week

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A Service of State Hospice Organizations

WASHINGTON POST SERIES CONTINUES TO HIGHLIGHT PROBLEMS IN HOSPICE

Continuing in a series of investigative articles for *The Washington Post*, Peter Whoriskey paints a picture of a hospice industry that is coming of age as a major part of the US health care system. Whoriskey's investigation calls into question whether government oversight has kept up with the growth of hospice in recent decades, as numerous new hospice providers emerge to meet the needs of growing numbers of patients who choose hospice. With what he identifies as sparse oversight and a growing profit motive in the industry, Whoriskey suggests that some hospice organizations are enrolling individuals who are not, in fact, dying. Worse, the article claims, in some cases hospices may be contributing to the death of their patients through the use of powerful painkillers.

"The hospice industry in the United States is booming and for good reason," writes Whoriskey. **"Hospice care can offer terminally ill patients a far better way to live out their dying days, and many vouch for its value."** Nevertheless, he writes, **"The boom has been accompanied by what appears to be a surge in hospices enrolling patients who aren't close to death."** These practices are driven by the motivation of some hospices to see higher revenues through recruiting new patients, and the fact that some hospices can "profit more when [patients] are not near death."

Yet, this is not simply a matter of economics. According to the *Post*, the effects of this new trend in hospice enrollment can directly impact the lives - and deaths - of patients. Perhaps most troubling, is Whoriskey's argument that the practice of hospices enrolling patients who are not actually near death, "can expose patients to the more powerful pain-killers that are routinely used by hospice providers," which may contribute to the untimely deaths of these patients. **Ironically, Whoriskey cites examples of hospice care that may actually play a role in ending the lives of patients who otherwise would not have died.**

As a case in point, the *Post* article focuses on the story of Bud Coffey and his family in North Carolina. Coffey, 77, suffered from chronic back pain. "In late March he was enrolled in hospice care 'essentially for pain management,'" according to his doctor. Two weeks later, he was dead. The cause of death listed by the hospice doctor: kidney cancer. Yet, Coffey's family says that he never had cancer at all. Instead, they blame his death on an overdose of powerful painkillers, including morphine.

Whoriskey’s investigation reveals, “Bud Coffey’s diagnosis appears to have changed when he was enrolled in hospice.” Just a few days before he entered hospice care, Coffey’s primary physician listed three diagnoses: an “unspecified disorder” of the kidney, an aortic aneurism (a potentially lethal condition, but with no definite time line), and chronic back pain. The doctor’s report also mentions numerous kidney stones. Cancer is not mentioned in the report.

“My dad wasn’t dying of cancer,” says his son, Jeff Coffey. “Once he was on hospice, their answer for everything was more drugs. Everything we know about his death is consistent with an overdose.” Even if Coffey’s kidney problems had been linked to cancer, “a spot that small is generally considered to reflect an early stage of the disease.”

Once enrolled in hospice, however, Coffey’s diagnosis seems to have changed. In the various insurance verification forms filled out by the hospice organization, he is listed as having “kidney cancer,” a condition that met the Medicare requirements that a patient have six months or less to live. During his two weeks in hospice care, the Coffey family recalls that workers for the hospice referred to their father’s condition as “the cancer.”

Though “Bud Coffey was not in extreme pain, according to his medical records,” he was administered extremely high doses of painkillers. “After rising doses of morphine and other drugs, Bud Coffey appears to have become confused.” On his last day of life, Coffey was receiving 40 milligrams of liquid morphine every three hours, which represented a substantial increase over his previous dosage, according to notes obtained by family members. **Hospice workers had also stopped administering Coffey’s breathing medication, the family says.**

Bud Coffey’s family was left baffled by his death, says the article, and are convinced that the care he received in hospice in fact contributed to his death. The family has hired a lawyer in preparation for a lawsuit against the hospice organization, according to the hospice group.

The National Hospice and Palliative Care Organization has responded to this latest article from the *Post*, with President and CEO J. Donald Schumacher explaining that the *Post*’s recent coverage of hospice care in the United States has not given an accurate picture of the overall benefits that hospice is providing to large numbers of Americans and their families. “What has been reported is not an accurate portrayal of hospice care in the U.S. Virtually all of our providers are doing the right thing and providing the highest quality care to patients and their loved ones,” writes Schumacher. “As I’ve often stated, NHPCO strongly believes that all hospice providers must be fully compliant to all regulations and committed to the highest standards of care – which we believe most hospice providers are.”

In “End-of-life care: An industry with soaring profits, funded by taxpayers,” Danielle Paquette blogs bout Whoriskey’s article and says, “Before you consider hospice care, know the facts,” which she summarizes from Whoriskey’s article. **Carole B. Meyer, president and CEO of the Carolinas Center for Hospice and End of Life Care, has a letter to the editor in *The Washington Post*, calling for “a balanced conversation about the true picture of hospice care.”** (*The Washington Post*, 8/21,

www.washingtonpost.com/news/storyline/wp/2014/08/21/as-more-hospices-enroll-patients-who-arent-dying-questions-about-lethal-doses-arise/; *The Washington Post*, 8/21, <http://www.washingtonpost.com/news/storyline/wp/2014/08/21/end-of-life-care-an-industry-with-soaring-profits-funded-by-taxpayers/>; *NHPCO*, 8/21, www.nhpco.org/press-room/press-

[releases/commentary-media-coverage; The Washington Post, 8/24, http://www.washingtonpost.com/opinions/hospice-care-is-high-quality-and-ethical/2014/08/24/4208c4b2-2a1a-11e4-8b10-7db129976abb_story.html](http://www.washingtonpost.com/opinions/hospice-care-is-high-quality-and-ethical/2014/08/24/4208c4b2-2a1a-11e4-8b10-7db129976abb_story.html))

NEW FILM EXPLORES THE MEANING OF LIFE AND DEATH

A new documentary film by social anthropologist and researcher Marilyn Schlitz and health guru Deepak Chopra explores the meaning of life and death, drawing on a variety of religious and philosophical traditions. The purpose of the film, titled “Death Makes Life Possible,” encourages individuals to think deeply about issues of life and death, and to come to their own conclusions.

“It’s taken me almost a lifetime to fully comprehend that death is an ongoing process that makes life possible,” says Chopra during the film’s opening sequence. **The film explores this ongoing process, driven by a shared assumption of those interviewed that there is more to life than meets the eye, and more to death than we can fully understand right now.** As Schlitz puts it, “There may be possibilities beyond physical death.”

The documentary spends time with the life and thought of Mary Baker Eddy, founder of the Christian Science movement, who found in the resurrection of Jesus a realization that “the process of dying is simply part and parcel of the commonly held belief that life must inevitably come to an end.” “The key to the conquest of death,” says Chopra near the end of the movie, “is to find out who you are.” (*Communities Digital News*, 8/17, www.commdiginews.com/health-science/new-film-by-marilyn-schlitz-deepak-chopra-explores-meaning-of-life-and-death-24090/; *Death Makes Life Possible*, <http://deathmakeslifepossible.com/the-movie/>)

HOSPICE NOTES

*** The OIG has released a report on its audit of a hospice that “improperly claimed Medicare reimbursement for some hospice services.”** The report details the reasons for the audit, the scope of the examination and the outcomes that lead them to seek reimbursement of \$453,558 to be returned to Medicare. An overview of the process and a response from the hospice are included in the report. The report notes failure to have adequate policies and procedures in place and lack of documentation on patient admissions. (*OIG*, 8/2014, oig.hhs.gov/oas/reports/region2/21101017.pdf)

*** The Threshold Choir, particularly the local chapter in Nashville, Tennessee, is featured on NPR for their work in providing the joy of music to dying patients.** Tammy Heinsohn, “a 53-year-old event planner, started the Nashville Threshold Choir last year. She wanted to help hospice patients relax in the final moments of their lives, just as she did with her own mother, who died of kidney cancer 20 years ago.” (*NPR*, 8/17, www.npr.org/2014/08/17/340704870/at-lifes-last-threshold-choir-brings-comfort)

END-OF-LIFE NOTES

* **Decision-making is crucial for all patients at the end of life, especially African-Americans and Latinos, says Brandi Alexander, writing for *Unity First*.** “Unlike many of the other disparities that impact the African-American community, this is one we have more control over. It starts with having a conversation. Unfortunately too many of us are not having that discussion.” (*Unity First*, 8/20, unityfirst.com/2014/decision-making-about-end-of-life-care-is-critical-for-everyone-especially-african-americans-and-latinos/)

* **An article on *The New York Times*' blog explores the role of food and nutrition in the last days of life.** “Contrary to popular belief, a feeding tube does not prolong life in a patient with dementia. It actually increases suffering. ... In the face of death, food and hope are highly seductive. But once again, I was left wondering: Does our need to feed our dying loved ones blind us to what’s really best for them?” (*The New York Times*, 8/21, well.blogs.nytimes.com/2014/08/21/food-and-the-dying-patient/)

* **Erin Kelly, daughter of Buffalo Bills star, Jim Kelly, writes a series for *The Buffalo News* about her experience of her brother’s death, and why neither she nor her father fear to die.** “My dad isn’t afraid to die because he knows and trusts the Author of Life, God. It’s that simple, and yet, it’s the most important thing for us to contemplate and conclude.” (*The Buffalo News*, 8/10, www.buffalonews.com/sports/bills-nfl/erin-kelly-fan-journal-confronting-death-is-what-we-all-share-20140810)

* **San Mateo’s *Daily Journal* reports that while doctors are pushing for treatment, health officials are aiming to keep costs low by promoting home care.** “But where the county wants to keep costs down while maintaining a patient’s quality of life, hospitals and private physicians tend to lean toward treatment of the terminally ill, driving up costs without positive results.” (*Daily Journal*, 8/18, www.smdailyjournal.com/articles/news/2014-08-18/patients-in-tug-of-war-over-end-of-life-care-some-doctors-push-for-treatment-while-health-officials-aim-to-keep-costs-low-at-home/1776425128576.html)

* **While some are seeking ways to put the “fun” back in “funeral,” others worry that glib funerals are a lost opportunity to focus on issues of deep meaning and purpose.** (*Knox News*, 8/15, www.knoxnews.com/knoxville/life/terry-mattingly-the-dark-side-of-todays-fun-funeral-trend_89292656; *Alternative Funerals & End-of-Life Celebrations*, friendsaf.com/)

* **Lizzy Miles, a hospice social worker in Ohio, shares and challenges seven assumptions that we often make about dying.** The assumptions include the idea that unconsciousness should precede death, that no one wants to be alone when they die, and that family matters will get resolved. (*Pallimed*, 8/15, www.pallimed.org/2014/08/we-dont-know-death-7-assumptions-we.html)

* **An article in *Critical Care Medicine*, describes the “valuable contribution of spiritual care to end-of-life care in the ICU.”** (*Critical Care Medicine*, 9/2014, journals.lww.com/ccmjournals/Citation/2014/09000/The_Valuable_Contribution_of_Spiritual_Care_to.23.aspx)

* ***The Jewish Journal* covers the role of therapy dogs in end-of-life care.** “Pets can provide a source of comfort and unconditional love for people, especially if they are feeling lonely, anxious or depressed. It is amazing to see the power dogs can have over a patient’s mood when the patient is receptive to it.” (*The Jewish Journal*, 8/14, boston.forward.com/articles/185039/they-call-it-puppy-love/)

* **Nursing homes rank as the worst setting for end-of-life care, according to a recent CMS survey.** “The Hospice Experience of Care Survey measured experiences of patients and their caregivers in three hospice settings: nursing home (including both skilled and regular nursing facilities), home care (including assisted living facilities) and inpatient care (acute care hospitals and freestanding hospice IPUs).” (*Senior Housing News*, 8/17, seniorhousingnews.com/2014/08/17/nursing-homes-rank-as-worst-setting-for-end-of-life-care/)

PALLIATIVE CARE NOTES

* **Does hospice increase the ability of patients to not think about death? A letter to the editor of *The Journal of Palliative Medicine* wonders, “Is it possible that hospice care ironically affords patients the luxury of not having to think about their death because pain and all other psychosocial issues are being addressed?”** (*The Journal of Palliative Medicine*, 8/1, online.liebertpub.com/doi/abs/10.1089/jpm.2014.0088)

* **Baylor Healthcare System wants to send a message to the world: Palliative Care is not Hospice.** An article in *Healthcare Daily* explains the differences between hospice and palliative medicine, and why the distinction is so important. (*Healthcare Daily*, 8/13, healthcare.dmagazine.com/2014/08/13/baylor-wants-to-spread-the-word-palliative-care-is-not-hospice-saves-money-and-improves-end-of-life-care/)

* **A report recently published in *The Journal of Palliative Medicine* has found that physicians demonstrate improved communication and more appropriate care for patients in the last days of life when they are aware of the impending death of the patient.** “Physician awareness of impending death is a prerequisite for communication with patients and relatives about dying in hospital and providing care that adequately addresses patients’ needs.” (*The Journal of Palliative Medicine*, online 8/12, online.liebertpub.com/doi/abs/10.1089/jpm.2014.0203)

* **Caregivers stress levels have an appreciable impact on their self-reported efficacy.** Researchers reported in *The Journal of Palliative Medicine* that caregivers experienced higher psychological functioning when they were able to “access respite and take care of themselves during care provision.” (*The Journal of Palliative Medicine*, 8/1, online.liebertpub.com/doi/abs/10.1089/jpm.2013.0338)

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