

Town Hall Meetings
Comments and Suggestions
End-of-Life Issues

Comments

- End-of-life care is the most important issue to address.
- Nursing and nursing assistants must provide in home support and care, pain management, and equipment. Currently, there is a shortage of in-home health care nurses
- The health professional sees the families and the patients in the last stages of cancer.
- There is a lack of knowledge about the disease and about the end-of-life.
- Patients do not know how to access resources for screening, treatment, or care.
- Physicians must select patients that are within 6 months of death and some patients or their families are not accepting of that 6 months time frame being set.
- We need education for the providers regarding early referrals for end-of-life care. If we get the patient at the end-of-life, it is more difficult for us to provide good care.
- There are few resources available (including hospice) to deal with pediatric cancer and death. (E.g., Even the nurse who came to help with her grandson was not able to deal with the death of a child. We had to comfort her).
- Minorities do not have access to hospice care.
- Hospice must be supportive in the long-term Care facilities. Hospice is accepted in some facilities but not in all
- The concern of hospice is the care that will be needed by all of us at the end-of-life.
- Hospice of Charles County cared for 229 patients in 2001 and 152 of those persons had cancer as the diagnosis.
- Hospice is a philosophy of care that the patient and family determine. Hospice cares for the whole person medically, psychosocially, and spiritually in their place of residence.
- Concern expressed regarding lack of referrals and late referrals for hospice care. In May, 54 percent of the patients had a stay of 7 days or less. Patients are taken in and even discharged. They are given emotional and spiritual care and they get better and go home (e.g., lady with her third admission to hospice).
- Medicare regulations state that an appropriate referral to hospice should be made when the prognosis of 6 months or less is determined, in the best judgment of the patients' physician. Then 90 days after the 6 months, they must recertify and after 90 days must recertify every 60 days.

Suggestions

- Educate physicians that families may not be accepting of hospice care and wish to keep the dying person at home.
- Revise Medicaid revenues to help pay the cost for hospice
- Educate the minorities on hospice care resources and programs.
- Use the community churches to reach minorities and others.
- Address disparities in pain control and end-of-life care for minorities.
- Create linkages and education to help people understand end-of-life care.
- Increase funding for end-of-life cancer education.
- Integrate end-of-life care in the health care curriculums, so health care providers can better understand how people, both the caregivers and the patient, respond to cancer across the Lifespan.
- Work with long-term care facilities to develop end-of-life care that provides comfort and skilled care.
- Provide assistance for those who want to maintain hope right to the end-of-life. Increase attention to end-of- life care.
- Make hospice services available to undeserved populations.
- Need to partner with physicians so they know that when they refer patients to hospice, they remain the primary physician and continue to see the patient on the basis they determine to be appropriate.
- Do not lose sight of the fact that patients want to die at home with their family.
- Be sure the Cancer Control Council plan includes this issue and makes a difference for the terminally ill patients.