

Rosalie Beauchamp
Literature Review Outline
Professor Suho Bae
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Since the inception of hospice by the US government in the early 1980's, Medicare has been the primary reimbursor for the service of assisting the terminally ill. Medicare's criteria for referring a patient to hospice services rest upon appropriate diagnosis and a referral from two physicians. Harrison & Ford (2007) conclude in their research that the majority of hospice patients are Medicare recipients. Essentially, the physician is the gateway for patients to receive hospice services. The question is, why do some hospice referrals by physicians happen so late? Cassel & Demel (2001) have found that the hospice eligibility rules have resulted in a lower length of stay and many diseases are often regarded among physicians as borderline terminal, resulting in unaddressed pain and untimely hospice referrals. The alleviation of pain and symptom management is the main goal of hospice Miller and Miller (2001) identify the importance of assisting terminal patients with pain relief in order to identify terminal pain. Though some physicians are privy to the goal of pain management during a patient's last moments, many remain uninformed. Craig, Dereng & Woods (2006) have found through their research that some patients do not even live to see the benefits of hospice although healthcare providers (physicians included) have the ability to develop an awareness of a terminally ill patients needs and respond quickly by making the initial referral to hospice.

Perhaps the answer to making timely referrals can be found by examining physician's educational back grounds and attitudes toward hospice and end of life issues. There have been several attempts to investigate the connection between the education of physicians and terminal care. Setla & Watson (2006) prophesize that involving medical students in volunteer hospice settings could help change a physician's attitude and educational experience towards end of life care. Moreover, Sanchez-Riley & Wittenberg-Lyles et.al (2007) agree that by providing medical students with the chance to communicate with the terminally ill and identify terminal disease progression could improve physicians perception of the need for hospice. While communication with patients is extremely important, Bernal, Marco & Parkins et al. (2007) have found that communication between physicians and family members/primary caregivers prove just as important. Aside from communication barriers with both patient and family members, it is possible that physicians find the identification of terminal illness a huge barrier for a timely hospice referral. Rainone, Blank & Selwyn (2007) found in their research that if physicians re-examined their assessments, 1-3% of their patients could have been ready for palliative care. Why, do we see so many Medicare patients receive hospice so late? Many investigators have speculated that the motive is financial. Conversely, Connor, Fitch, Kinzbrunner et. al (2004) have found that Medicare costs were lower for patients under hospice care.

An accumulation of research continues to leave us with the question of why physicians make late referrals to hospice. Late referrals to hospice not only increase depression in surviving caregivers Bradley, Carlson Cherlin et.al (2004), but most importantly, do not help alleviate the physical distress that terminally ill patients usually undergo. Ultimately, the patient and their family suffer by not receiving early referrals and open communication with their physician regarding terminal illness and hospice services. Additional research begs the question of why physicians make hospice referrals late and why patients and their families have to suffer as a result of this hasty decision.