

Terminally Ill Patients Live Longer with Hospice, Study

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The study found that patients who chose hospice care lived an average of one month longer than similar patients who did not choose hospice care. Sponsored by the National Hospice and Palliative Care Organization, the study was conducted by researchers affiliated with the organization in collaboration with the consulting and actuarial firm Millman Inc. Researchers selected approximately 4,500 terminally ill patients with either congestive heart failure or cancer of the breast, colon, lung, pancreas, or prostate. They then analyzed the difference in survival periods between those who received hospice care and those who did not.

Longer lengths of survival were found in four of the six disease categories studied. “This study shows what we have believed all along- that hospice care can improve the quality as well as the length of life, said Jim Monahan, president of Houston Hospice. “It is not giving up-it is choosing to live fully.”

Researchers cited several factors that may have contributed to longer life among patients who chose hospice. First, patients who are already in a weakened condition avoid the risks of overtreatment when they make the decision to receive hospice care. Second, hospice care may improve the monitoring and treatment patients receive. Additionally, hospice provides in-home care from an interdisciplinary team focused on the emotional needs, spiritual well-being, and physical health of the patient. Support and training for family caregivers is provided as well. This may increase the patient’s desire to continue living and may make them feel less of a burden to family members, Monahan said.

There is a perception among some health care providers that symptom relief in hospice, especially the use of opioids and sedatives, could cause patients to die sooner than they would otherwise. This study provides important information to suggest that hospice is related to the longer, not shorter length of survival – by days or months- in many patients,” said Stephen Connor, M.D., vice president of research and international development for the National Hospice and Palliative Care Organization, and lead author of the study. “This additional time may be valuable to patients and families to give more time for resolution and closure.”