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## More Direct Evidence Showing Hospice Patients Live Longer than Cure Directed Patients

The goal of hospice is neither to prolong life nor to hasten death. Hospice works to maximize quality of life. However, there is a perception among some in the community that hospice causes patients to die sooner. In the medical profession, some have expressed concern that the use of opioid and sedative medication for symptom relief may shorten life. This concern affects hospice care because one major function of hospice is more effective symptom control. Recently, we reported on a high-powered study that showed hospice increasing survival by an average of 34 days.<sup>1</sup> However, this study had the limitation of being a cost analysis with survival as a secondary measure. Recently, the *Journal of Pain and Symptom Management* published a follow-up study designed to compare survival. They confirmed that patients enrolled in hospice experienced an average survival that was 29 days greater than cure directed patients.<sup>2</sup> This finding confirms a number of other preliminary studies noting a correlation between hospice care and greater survival.<sup>3-6</sup>

Connor et al. reviewed billing records to track the survival of 4,493 Medicare beneficiaries. For six diagnosis groups, they pre-defined combinations of procedures and diagnoses that would indicate prognosis of one to three years. The researchers excluded patients receiving hospice for less than 15 days. Hospice helps more than just the imminently dying, and such a short duration would limit the ability of patients to receive the full benefit of hospice care.

Survival in Days (Hospice / Non-Hospice)				
Diagnosis	Number	Average Survival Period	Average Increased Survival	P-Value
CHF	83 / 457	402 / 321	81 Days	0.054
Breast Cancer	158 / 136	422 / 410	12 Days	0.6136
Lung Cancer	700 / 586	279 / 240	39 Days	0.0001
Colon Cancer	337 / 215	414 / 381	33 Days	0.079
Prostate Cancer	324 / 480	514 / 510	4 Days	0.8266
Pancreatic Cancer	493 / 386	210 / 189	21 Days	0.01

Conner et al. propose three complimentary theories as to why hospice would improve the survival of patients in their final months of life. They suggest that, compared to palliative care, the rigors of some cure-directed therapies may shorten life when they do not achieve a cure. They point out that Medicare improves the benefits for many patients when patients elect the hospice benefit. For instance, hospice pays 100% for all drugs and equipment related to the hospice diagnosis where normal Medicare coverage has co-pays, deductibles, and exclusions. In addition, hospice provides a framework for continuous, multi-disciplinary care. Finally, Conner et al. point out that the preponderance of evidence demonstrates that emotional support and social support tends to prolong life.<sup>7-11</sup>

### Hospice Patients Need Not Be Homebound



Even when patients are active, those facing terminal diseases can benefit from early counseling, teaching, and hospice resources. Anytime the prognosis is 6 months or less, Hometown Hospice can help.

*Please tell your patients about  
Hometown Home Health & Hospice*

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