

Helping Patients With Cancer Prepare for Hospice

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People with life-limiting cancer will make decisions about their end-of-life (EOL) care at some point during their illness. Hospice is an option of care aimed at providing optimal quality of life at EOL. Nursing plays a major role in helping people transition from curative treatments or treatments that control the disease to EOL care. Choosing hospice is difficult for many patients with cancer. In addition, healthcare providers also face challenges in discussing EOL care. This article explores issues pertaining to EOL care conversations between nurses and patients and offers strategies that can be implemented by nurses to aid patients' transition to hospice care.

Cancer is the second-leading cause of death in the United States (Jemal et al., 2008). Since the early 2000s, researchers, educators, and clinicians have directed tremendous efforts toward improving the quality of end-of-life (EOL) care (Aulino & Foley, 2001; EPEC Project, 2009; Ferrell, Virani, & Malloy, 2006). Nursing plays a major role in helping patients at EOL prepare for hospice. Many nurses, however, may not be comfortable engaging patients with life-limiting illnesses, such as advanced cancer, in discussions regarding EOL treatment options. Reasons for this include a lack of comfort with the topic, reluctance to discuss EOL care with the patient or family if the physician is uncertain of the prognosis, patient's or family's rejection of a terminal prognosis, sudden change in patient status, and/or a desire to maintain hope (Schulman-Green, McCorkle, Cherlin, Johnson-Hurzeler, & Bradley, 2005). The purpose of this article is to discuss issues associated with engaging patients in conversations regarding EOL care and to offer strategies that can be implemented by nurses to help patients with cancer prepare for hospice care. Topics to be addressed include uncertainty of prognosis, initiating EOL discussions, timing discussions, determining eligibility, multiple cancer treatment options, possible patient reactions, and the role of the family and caregivers. Strategies for nursing begin with examining personal beliefs and developing a thorough understanding of hospice and EOL care. Nurses can then identify appropriate patients, observe for opportunities to engage, assess patient needs, and provide information to patients or caregivers. Through the use of communication techniques and developing an interdisciplinary team approach, patients will be better prepared to transition to hospice care.

Hospice Care

Hospice care is defined as an interdisciplinary approach to provide medical and nursing care, pain management, and emo-

At a Glance

- ◆ Many issues exist in discussing end-of-life care and hospice referral for people with life-limiting cancer.
- ◆ Nurses can have a greater role in transitioning people with life-limiting cancer to hospice.
- ◆ Using an algorithm, nurses can become more comfortable and adept at transitioning patients to hospice care.

tional and spiritual support directed at fulfilling patients' needs and wishes at EOL (National Hospice and Palliative Care Organization [NHPCO], 2008). Hospice care is one option for people with life-limiting cancer when curative therapy or control of the disease is no longer realistic. Hospice programs provide holistic care at EOL, with an emphasis on meeting the patient's goals of comfort and quality of life. The hospice model of care uses an interdisciplinary approach to provide nursing, medical, social, spiritual, nutrition, volunteer, and bereavement services (Carlson, Morrison, Holford, & Bradley, 2007).

The benefits of hospice care have been documented extensively and include relief of pain (Miller, Mor, Wu, Gozalo, & Lapane, 2002; NHPCO, 2008; Owens, Simmons, Gibson, & Weeks, 2001), enhanced quality of life (McMillan & Mahon, 1994), longer survival (Connor, Pyenson, Fitch, Spence, & Iwasaki, 2007), improved bereavement (Christakis & Iwashyna, 2003),

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