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IMPACT OF AGE AND FINANCIAL STATUS OF PATIENTS OR CAREGIVERS ON PERCEPTIONS OF HOSPICE CARE AND THE CHOICE OF HOSPICE V. HOSPITAL CARE AT TERMINAL DIAGNOSIS

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Hospice is designed to provide quality end-of-life medical care for patients and support for their families. Most insurance, including Medicaid, provides hospice benefits. Why then do so few people enter hospice? I hypothesized that the perception of hospice care as a last resort drives the decision to choose hospital care at terminal diagnosis. However, the data shows that although a large number of respondents across age and income groups did not regard hospice care as a last resort, when asked to make a hypothetical decision between hospice and hospital care, they primarily chose hospital care except when life expectancy was less than 3 months. Subjects aged 30 and under showed higher preference for hospital care even when given life expectancy of less than 3 months. Respondents were more likely to choose hospital over hospice care when making the decision for a family member than for themselves. Given 6 months or more to live with a terminal disease, respondents generally chose hospital care, perhaps in anticipation of a curative option which may not be available for diseases such as end-stage Alzheimer's. Thus my hypothesis that the perception of hospice as a last resort drives choice of hospital care at terminal diagnosis was not proven. Multiple factors affect decision making when life expectancy is 3 months or less. Age and income do impact the choice; however end-of-life care decisions are clearly more complex and require careful guidance and support.

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ASSESSING END-OF-LIFE CARE IN THE ACUTE CARE SETTING

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A growing body of literature has identified significant care deficiencies and opportunities for improvement of care at the end-of-life (EOL). This is particularly true within the hospital setting, where the existing literature suggests widespread deficiencies in symptom management, miscommunication, and suffering of both patients and families. This study used a mixed-methods retrospective correlational design to investigate the EOL care processes and care outcomes within the acute care setting within two acute care facilities in Los Angeles. Data sources include quanitative and qualitative responses from caregivers of deceased patients via a mortality follow-back survey. A review of the medical records of decedents investigated the relationships among the study variable of completed mortality follow-back surveys. Results from this study revealed wide variability in the overall perception of EOL care by 92 caregivers. Some variables were identified as being of great importance to caregivers as evidenced by their frequency within the narrated comments and correlational strength. Key findings link advance care planning documentation to positive perceptions of EOL care and the need for further research in communication and pain management.

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