Guest Editorial

The Importance of Hospice Care

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une marked the start of my twelfth year of "employment" as a hospice nurse, but my path to providing quality end-of-life care started as an undergraduate student in the 1970s. Dr. Elisabeth Kübler-Ross was beginning to publish her work on grief and loss as I was "becoming" a nurse. I read voraciously and loved learning about the pathophysiology of disease states but without realizing it, Dr. Ross's work, as it was integrated into my nursing program's curriculum, did more to define who I am as a nurse today than I could possibly have understood at the time. From my earliest days as a new grad, even as I loved honing my technical skills, I was often at a patient's bedside listening to their stories of anger, fear, hope, and psychosocial pain. Without giving a name to it, I was practicing the hospice skill of "being present" for those patients backed up by advocacy for their goals of care. It was 20 years before I made the decision to leave the world of acute care to more fully honor those early roots in end-of-life care. It was that move that has led to my role as the Hospice & Palliative Care section editor for *Home Health-care Nurse*.

The establishment of the Hospice Medicare Benefit in 1982 provided a formal reimbursement structure in the United States for what had been volunteer programs for end-of-life care that started in the late 1960s and early 1970s. Hospice programs provide skilled symptom management while supporting patients and families as they face the challenges of the last stages of a serious progressive illness. Instead of saying to patients and families "There is nothing more we can do," hospice and palliative care can respond with "Actually, there is something we can do" (AAHPM, 2007) and "Hospice is about how you live" (NHPCO, 2005). A new era of aggressive comfort care and evidence-based practice should only serve to expand the number of patients who benefit from skilled end-of-life care.

I don't think it will surprise any of our readers, but we are all going to die. I have spoken to audiences as varied as oncology nurses, new ICU nurses, oncology nurse fellows at the National Institutes of Health, and hospice nurses. I have often used an exercise from the End-of-Life Nursing Education Consortium curriculum in which the learners are asked to draw a picture of the room on the day of their death. Rarely do those pictures include IV pumps, ventilators, and hospital staff wielding defibrillator paddles! For reasons as varied as there are individuals, not every one will choose to die while in the care of a hospice, but they deserve to receive expert management of symptoms by health professionals who acknowledge and honor their dignity as members of humanity.

I hope that the articles you read in the Hospice & Palliative Care section of the journal in every issue provide you with a better understanding of the benefits hospice can provide for your patients and their families, as well as knowledge to assist you in providing quality symptom management and end-of-life care to your patients who decide formal admission to a hospice program is not for them.

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Medicare Hospices to See Increase in 2009 Wage Index, CMS Announces

Hospices serving Medicare beneficiaries will see a 2.5% increase in their payments for 2009 according to a final regulation published by CMS. The increase in the hospice wage index is the net result of a 3.6% increase in the socalled "market basket" indicator of cost, offset by a 1.1% decrease in payments to hospices as CMS phases out a transitional payment to these providers.

As published in the Federal Register on July 31, CMS is phasing-out an adjustment to the hospice wage index that was put into place over 10 years ago to help hospices through a transition to the new wage index. Phasing-out this special adjustment will save Medicare \$2.18 billion over 5 years. It is estimated that payments to hospices would decrease by approximately 1.1% for FY 2009, the first year of the 3-year phase-out of the adjustment.

The copy of the final regulation is available at: http://www.cms.hhs.gov/Hospice/RegsNotices/list.asp#To pOfPage

The fact sheet is available at: www.cms.hhs.gov/apps/media/fact_sheets.asp