



A guide to having the hospice conversation:

How to talk to patients about hospice

As a physician, it is your responsibility to ensure patients get the care they want and deserve. This includes knowing when it might be time to start conversations about end-of-life care and how exactly to talk to patients about hospice. You can download and print this guide out to help navigate the conversation.

Please be advised, this document is simply a guide and not an official list of steps to follow. Each person's circumstance is different.

For more information, please visit ehab.com.

A patient is ready for the hospice conversation when:

- They have a terminal illness with a prognosis of six months or less
- **They begin exhibiting hospice indicators such as:**
 - Functional decline
 - Extreme weight loss
 - Multiple comorbidities
 - Decreasing serum albumin
 - Increased infections
 - Increased hospitalizations
 - Dependence in most activities of daily living (ADL)
 - Karnofsky Performance Status or Palliative Performance Scale of less than 50%

Determine the patient’s values and preferred methods of care

What are the patient’s values in life?	
Do they want potentially heroic interventions at the end of life? Which ones?	
How do they feel about ventilators or other methods of keeping them alive?	
How do they feel about CPR?	
When near the end, do they want to be at a hospital, a nursing facility or at a home?	
Is there anything else that really matters to them that they want me to know?	

Initiate the discussion and appoint a decision-maker

- Gather the patient and family's ideas and feelings about hospice.
- Clarify any misconceptions about hospice care.
- If the patient is unable to make decisions, appoint a decision-maker and build an atmosphere of support and trust.

Clarify the patient's prognosis

- Explain the outlook of the patient's disease kindly but truthfully.
- Use simple and direct language.

Identify the patient and family's end-of-life goals

- Bring up values and preferred methods of care again.
- Determine what the patient or family wants as they near the end. Some commonly held goals include: maximizing time with family and friends, avoiding hospitalization, maintaining functionality and minimizing pain.
- Be gentle, understanding and respectful of a patient's cultural and religious background as that may influence their decision.

Develop a care plan

- Explain all possible options for the patient's care.
- Connect care plan back to the patient and family's goals and wishes.
- Explain the Medicare hospice benefit.
- If hospice is the best option, outline what the patient and family can expect throughout the next few months.
- Connect the patient and family with a trusted hospice provider.
- Remind patients that choosing hospice doesn't have to be a permanent decision; they can always choose to stop hospice and resume curative treatment if they feel the need.

At Enhabit Home Health & Hospice, our referral process is as streamlined as possible, allowing physicians to refer patients quickly and easily, providing them with a smooth transition of care.

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