



## What the Media Said about End-of-Life Care This Week November 23, 2020 A Service of Your State Association

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### HOSPICES FACE CHALLENGES OF WORKING WITH PATIENTS WHO USE CANNABIS

In “Navigating Medical Cannabis Is Continuing Challenge in Hospice and Palliative Care,” author Larry Beresford examines the difficulties that patients and providers face in using and overseeing the use of cannabis. The article, published by *Shively Institute for Palliative Care*, explores these challenges, especially the difficulties hospices face with patients using cannabis.

The situation is difficult due, in part, to the reality that marijuana is only legal in 33 states and the District of Columbia. Federal laws interfere with the fullest research into the “safety and efficacy” of the substance. This challenges hospice and palliative care programs as they work to support patients who are using medical cannabis. Hospices receive primary funding from Medicare, and many say they cannot prescribe cannabis.

Given this situation, many hospices have no clear guidelines on serving patients who are using cannabis. Some follow the “don’t ask, don’t tell” approach. This in itself hampers the most open communication between caregivers and patients.

A 2019 study examined the attitudes of hospice professionals toward patients who use cannabis. The study, published in *Journal of Palliative Medicine*, found that, “overwhelmingly,” the professionals “agreed that hospice patients should have access to medical cannabis.” That said, they were aware of the “legal barriers, concerns about efficacy and safety, and the complex social factors involved.” While some declined to now share their own experiences as hospice providers with cannabis-using patients, some were willing to share.

One hospice social worker from Oregon, Mia Fisher, says, “Many patients who come to us already have their registration card from the state. It’s out of our hands.” She went on to note that the hospice doesn’t prescribe cannabis and may or may not know that a patient is using the substance. A NY physician, Diana Martins-Welch, says she herself has given about 2000 certifications of patient eligibility for medical cannabis. This certification is not a prescription, but is a statement that verifies medical conditions that do qualify the patient to secure cannabis. Martins-Welch says her patients “don’t have time to wait for research results.” She adds, “And who is more appropriate for cannabis than a hospice patient?”

Martins-Welch completed the state’s required education and is registered with the state’s Department of Health, which is required for her to certify patients to receive cannabis. She also provides education to other providers. Cannabis, once secured, may or may not work for a patient. And she advises patients that cannabis is a “trial-and-error” effort. Hospices adjust doses on all patient medications, says Martins-Welch. And, she asks, “Why not another agent that we can bring in if it might help the patient?” (*Shively Institute for Palliative Care*)

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## PHYSICIANS ENCOURAGED TO STEP UP TO THE RESPONSIBILITY OF HAVING END-OF-LIFE CONVERSATIONS WITH PATIENTS

A 2016 *John A. Hartford Foundation* survey “revealed that only about 14 percent had ever billed Medicare for end-of-life conversations, and more than half had never discussed end-of-life care with their own physicians.” Writing in *KevinMD*, physician Caroline DeFilippo realizes that these conversations may not be easy. But they are satisfying for her as a physician, and meaningful for her patients. COVID has, she says, “made clear our health system’s shortcomings in terms of end-of-life care.”

Physicians have the power and responsibility, DeFilippo says, to secure training and prepare themselves to more fully engage patients in these discussions – much like they have “mastered taking patient histories and performing physical examinations.” She then offers ideas on how physicians can do this and better serve their patients’ needs. Suggestions include that physicians:

- Use existing resources that are readily available. She names several of these resources. Physicians are also encouraged to get better informed about relevant state paperwork and forms that patients may need to complete.
- Realize that these conversations are ongoing. No quick decisions are needed, and needs and desires may change over time.
- Bill for these discussions as appropriate. These discussions offer a real service to patients, and work well via virtual visits as well.
- Remember it takes a village. Physicians are encouraged to work with healthcare partners and family members. At a minimum, physicians should have contacts for referrals that include hospice and palliative care providers.

These discussions may be difficult at first. Physicians should feel that, by following the tips above, they can not only have these conversations but find “these conversations will be among the most fulfilling of their careers.” And they will be serving their patients best as well. (*KevinMD*, 11/20) [Read more...](#)

## PRAISE OF HOSPICE AND PALLIATIVE CARE WORKERS IS WELCOME, BUT PRAISE ALONE IS INSUFFICIENT

Ira Byock authored “Heroism and Hypocrisy: Seeing Our Reflection with 2020 Vision,” in *Journal of Palliative Medicine*. Byock talks about the public’s current praise of healthcare providers, including palliative care and hospice direct care workers. He welcomes this public acknowledgement for their heroism and service, which has shifted and strengthened due to the pandemic, and says it is “overdue and entirely worthwhile.”

These praises, however, are also “insufficient.” Byock decries the reality that is lived by many direct care workers, “Nearly a fifth of direct care workers are officially poor,” he writes, “living below the federal poverty threshold for a family.” The facts are dire. Quoting from a recent study by *The Commonwealth Fund*, Byock says that for direct care workers, “Fifty-three percent of these working adults require public assistance, including 26% who rely on Medicaid and 24% who receive supplemental nutrition assistance.”

Health care systems are working hard to address diversity issues, and to examine inequities within these systems. “Corporate executives and legislators debate the complexities of determining a living wage,” Byock notes. There is even an M.I.T. app to do so. Now is the right time to examine the assumptions of the past and assure that “all workers are paid a living wage and treated fairly.”

Until we do this, and “stop making excuses for our mistreatment of the least powerful among us, the health care industry will be unable to own its ignominious contributions to endemic racism and sexism that have been part of sustaining this pandemic.” This will require, Byock writes, that “we must cut the chains of margin-driven care and model the values we espouse.” Then we can move toward the fair and equitable future we envision.

In brief, unless we treat these frontline direct care workers we call heroes with equity, and protect their health and pay them a living wage, we are hypocrites. (*Journal of Palliative Medicine*, 10/14) [Read more...](#) (*The Commonwealth Fund*, 8/2020) [Read more...](#)

## HOSPICE NOTES

\* A quality improvement analysis that is focused on the use of telehealth for hospice reauthorization visits appears in *Journal of Pain and Symptom Management*. Now online at the link below, the article examines how the growing need of hospice, combined with staff shortages and “concerns about in-person services because of coronavirus” call for innovative service delivery. The researchers compare outcomes of hospice reauthorization visits when done face-to-face in person and when done via telehealth. They found no statistical difference in the reauthorizations regardless of whether they were done in person or via telehealth. And there was high satisfaction. Of the patients and caregivers who were served via telehealth, 88% reported high satisfaction. Of providers, 78% felt the telehealth visits were “as effective as in-person visits.” The outcomes of the study lead the researchers to conclude that telehealth is useful in successfully supporting reauthorization. “Telehealth,” says the article, is “reliable and acceptable for certain types of hospice care even before COVID-19, which emphasizes its importance both during and after the current public health emergency.” (*Journal of Pain and Symptom Management*, 9/20) [Read more...](#)

\* An article in *Public Health Nursing* examines how COVID-19 has impacted the workforces of hospice and palliative care. Researchers designed “a cross-sectional survey of 36 hospice and palliative care workforce members representing all United States geographic regions.” The goal of the research was to understand how COVID-19 has impacted caregivers and the delivery of services. The surveys found that 70% of respondents noted “an increase in specific palliative care services” resulting from COVID. And, 78% of those surveyed report that they have cared for patients with COVID. Only 55% reported that their agency could offer COVID tests to patients and providers. Overall, the researchers conclude, COVID “has strained the palliative and hospice care workforce as it provides increased services at an unprecedented rate to patients and families.” These findings are important, say the researchers for public health nurses, whose expertise can “support palliative care agencies as they strive to manage the pandemic.” (*Public Health Nursing*, 10/27) [Read more...](#)

## END OF LIFE NOTES

\* A *First Opinion* article in *STAT* shares how a planned “nudge” helps assure that physicians talk with their very ill patients about end-of-life care. “When conversations about goals and end-of-life wishes happen early,” says the article, “they can improve patients’ quality of life and decrease their chances of dying on a ventilator or in an intensive care unit.” Too often, these conversations happen too late and may lead to care that is both costly and unwanted. One challenge to having these conversations is that prognosis is difficult. The other is physician reticence to having these conversations. An already-in-place algorithm has proven better than physician skills at identifying patients most at risk of dying in the next six months. But the findings did not seem to change physician behavior. So the authors studied the value of a timely “nudge” to encourage physicians to talk with their high-risk patients. Doctors were divided into two groups, with one group receiving a weekly “nudge” comparing their end-of-life conversation numbers to those of their peers. They also received a list of patients they would see in the next week who seemed at high-risk of dying. Physicians could check or uncheck those patients based on their judgements. Those they checked prompted a further nudge in the way of a text message on the day of the appointment reminding them to discuss the patient’s goals. Doctors in the control group got no such prompts. The doctors who received the nudge talked with 15% of their patients; the control group, with no such prompts, talked with 4%. The research was reported in *JAMA Oncology*. More details are online at the links to the *STAT* article and to *JAMA Oncology*. (*STAT*, 11/16) [Read more...](#) (*JAMA Oncology*, 10/1) [Read more...](#)

\* *End of Life University’s* podcast on 11/15 featured physician Ira Byock speaking on “the Benefits of Psychedelics for End-of-Life Patients.” Byock shares how his interest in this emerged, and examines new research showing us about the benefits of psychedelics for several medical conditions such as depression and anxiety. He shares details of how the experiences are monitored and explains some experiences patients can have. Byock also calls for continuing research. The audio of the podcast is online at the link below. (*End of Life University*, 11/16) [Listen to the podcast here.](#)

\* Diane Rehm, who was a PBS talk show radio hosts for many years until her retirement, is an advocate for terminally ill persons having the legal ability to access physician aid in dying. Her passion grows from the death of her husband John. On *wif’s Smart Talk*, Diane Rehm speaks about her fierce advocacy and talks about her new book, “When My Time Comes – Conversations About Whether Those Who Are Dying Should Have the Right to Determine When Life Should End. A recording of the show is available at the link below (*wif*, 10.17) [Listen here.](#)

\* A case study in *Oncology Nurse Advisor* examines a seriously ill patient who felt clear about his desire to forego some medical interventions as he neared life’s end. His wife, however, did not share his wishes. He valued quality of life. She valued extending his life. The article, “Complicated End-of-Life Conversations Between Patients, Family Members, and Nurses,” explores the dilemma and examines issues that are faced when patients and families disagree on treatment. Talking and listening are both important parts of good communication. In this case, the patient realized he was dying. His wife did not. “Sometimes the most challenging communication situations are out of our control,” say the authors. “This was one of them.” (*Oncology Nurse Advisor*, 11/18) [Read more...](#)

\* Saying goodbye to those we love is a multifaceted experience. And many of us avoid these goodbyes. Dr. Anne Hallward hosts *Safe Space Radio*, in Portland, ME. A recent episode explores these goodbyes from those who are nearing the end of life and from those who grieve their loss. “I don’t believe that time heals all. I don’t believe that that just happens on its own. I think you have to be willing to turn toward the pain, and be very compassionate with yourself as you do so,” says guest Catharine Murray whose six-year old son died 15 years ago. Murray is a writer and teacher who offers writing workshops to “help people navigate their grief.” The program, which addresses a varieties of the goodbyes we must say as we experience life and death, combines “compelling storytelling with practical expert guidance to give you the tools you need to start your own difficult conversations.” The program is online at the link below. (*Safe Space Radio*, 10/2) [Listen here.](#)

## ADVANCE CARE PLANNING NOTES

\* “New advanced care planning program for vulnerable Native Hawaiian kupuna” describes a five-year research project “that aims to enhance advance care planning (ACP) for Native Hawaiian elder (kupuna) and their families/caregivers through the use of video technology.” Historically, this group has low rates of ACP completion—about 40%. Concerns for this vulnerable group have only grown since COVID-19, since this population is at highest risk from the virus. The funding for the program comes from the National Institutes of Health through the National Institute of Nursing Research. The project will be led by a group of leaders from numerous locations and community partners as well. All of the key leaders and groups are noted in the article which is online at the link below. The program will create a video for use with Native Hawaiian elders, include a clinical trial to test its effectiveness, and provide training for community-based groups to use the tools even after the project is complete. (*University of Hawaii News*, 11/17) [Learn more...](#)

\* *The Coalition for Compassionate Care of California* has built a number of COVID-related tools in “The COVID Conversations Initiative.” Their toolbox webinars, healthcare aids, and media outreach tools are available online at the link below. (*Coalition for Compassionate Care of California*, 11/19) [Access the resources here.](#)

## OTHER NOTES

\* *Kaiser Health Foundation* hosted a discussion on the grief, loss, and bereavement that so many are suffering during the losses of COVID-19. The video of the discussion is online at the link below. (*Kaiser Health Foundation*, 11/16) [Watch the video here.](#)

\* *Book Riot* shares “Death Drawing Near: Fiction About The End Of Life.” The post includes brief reviews of a number of books related to end of life. “From stories about those who have left us too soon to families who come together to work through a heartbreaking diagnosis, books can help us emotionally work through our own experiences of the end of life and find comfort in the shared experiences that skilled writers share with us on those topics.” (*Book Riot*, 11/19) [Learn more...](#)

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