



What the Media Said about End-of-Life Care This Week June 1, 2021 A Service of Your State Association

POSITION STATEMENT ON MEDICAL CANNABIS

Hospice and Palliative Nurses Association (HPNA), issued a new position statement on medical cannabis. The statement says “that palliative nurses should be familiar with the current literature about medical cannabis to facilitate effective communication about medical cannabis with patients and families.” This includes the call to understand the various kinds of cannabis—medical and recreational. And, says the position statement, palliative nurses need to know their own state laws and have an understanding of “quality concerns and adverse effects of medical cannabis.”

The guiding concern for palliative nurses is to offer quality symptom management. Understanding patients’ preferences in symptom management is important. And, “Nurses should possess research-informed knowledge and resources to educate patients about cannabis.”

In clinical practice, says the position statement:

- **Palliative nurses should have a thorough understanding of cannabis and be able to hold conversation with patients about cannabis.** “Like any other medicine or procedure, treatment should be provided in the context of informed consent and a patient-provider relationship.
- **“Palliative nurses should ask patients about their use of medical (therapeutic) cannabis. . .”** It is appropriate and important to ask about patients’ use of cannabis, as well as “other substances for symptom management, disease treatment, or recreational purposes.”
- While palliative care nurses can’t prescribe medical cannabis, they should know the state laws and assure that patients meet “the qualifications in that state to obtain medical cannabis. . .”
- Nurses shouldn’t suggest use of CBD products until more research is completed.
- When patients and families spend significant amounts of money on cannabis products, discussions are appropriate.

In education, says the position statement:

- **Nurses should understand cannabis, adverse effects, cannabis use disorder and other side effects.** “There is a paucity of providers qualified and willing,” says the statement, “to guide patient and family decision making about cannabis use.”
- **Providing ongoing education to families is a role of palliative nurses.**

In policy and advocacy:

- **Palliative nurses need clear understanding of state laws for both medical and recreational use.**
- **Palliative nurses, say the guidelines, “should advocate for the rescheduling of marijuana.”**

In terms of research, palliative nurses should understand the need for more research of cannabis in order “to understand its therapeutic use, the effects of exogenous cannabis, and the benefits of and contraindications for its use.” (*Journal of Hospice and Palliative Nursing*, June 2021, https://journals.lww.com/jhpn/Fulltext/2021/06000/Medical_Cannabis.15.aspx)

PANDEMIC OFFERS LESSONS ABOUT GRIEF AND END OF LIFE

An article in Kansas City’s *Flatland* explores how the pandemic has changed the way we grieve. *National Institutes of Health (NIH)* says, “Anticipatory grief is the normal mourning that occurs for a patient/family

when death is expected.” During the pandemic, says a story by Kansas City’s *Flatland*, “That anticipation evaporated in the wake of the public health crisis.”

The article includes comments from a staff member of the *Center for Practical Bioethics, Kansas City Hospice and Palliative Care*, and a mental health counselor..

With all of the trauma of the pandemic, NIH advised that grief should be addressed “head-on.” Grief needs to be processed, says the article. Guidelines for doing so include acknowledging grief; asking for help; talking openly; engaging in activities that remind you of the one you are grieving; and, crying. (*Flatland*, 5/26, <https://www.flatlandkc.org/mental-health/what-the-pandemic-taught-us-about-the-end-of-life-and-grief/>)

HOSPICE NOTES

* **Hospice of Santa Barbara’s next speaker in their “Illuminate Speaker Series” is Daniel Goldman, author of “Emotional Intelligence.”** The virtual presentation is free for all to attend, but registration is required. The presentation will occur on June 23, from 6:00 to 7:00 PDT. Goldman will discuss the value of emotional intelligence and how we can use it to move forward from the pandemic. (*Hospice of Santa Barbara*, https://zoom.us/webinar/register/5616183428457/WN_o5DAuuIRV-hLeKNg266pA)

* **A commentary in *JAMA Internal Medicine* is titled “Hospice Tax Status and Ownership Matters for Patients and Families.”** The author states that, for the past two decades, there has been a “steady growth of for-profit ownership of hospice agencies, from one-third of hospices in 2000 to almost two-thirds by 2017.” Author Melissa D. Aldridge, Icahn School of Medicine in New York, says, “It is difficult to identify a health care sector more detrimentally affected by the mismatch between profit maximization incentives and quality of care than hospice.” Some argue, she notes, that tax status is not related to quality of care in hospice, But, she says, “an increasing body of evidence suggests otherwise.” With “the requirement for for-profit organizations to distribute net income to shareholders,” there are “strong incentives to generate consistent profits over short time periods.” (*JAMA Internal Medicine*, 5/3, <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2779070>)

* **Oregon’s Grande Ronde Hospital and Clinics is closing the hospice program due to a workforce shortage.** During the pandemic, the workforce shortages have been significant enough to lead to the closure. (*The Observer*, 5/31, https://www.lagrandeobserver.com/news/local/hospitals-hospice-care-program-to-close-due-to-worker-shortage/article_efee5818-bffe-11eb-ac1c-2bdcae958765.html)

END-OF-LIFE NOTES

* **An article in the *New York Times* explores the toll on family caregivers during the pandemic.** After the pandemic began, many caregivers lost the few supports they might have had. A study published in *The Gerontologist*, found “higher rates of anxiety, depression and disturbed sleep among the caregivers.” There was also reduced social interaction, and increased concerns about food and finances. “Family Caregivers Feel the Pandemic’s Weight,” is available at the link below. (*New York Times*, 5/21, <https://www.nytimes.com/2021/05/21/health/coronavirus-home-caregivers-elderly.html>)

* **Colorado’s end-of-life doulas reach out together via the *Colorado End-of-Life Collaborative*, a 501©6 non-profit organization.** A recent article describes the organization and explains the efforts of the doulas. (*My Prime Time News*, 5/23, <https://www.myprimetimenews.com/death-midwives-helping-the-dying-do-it-better/>; *Colorado End-of-Life Collaborative*, <https://coeolcollaborative.org/about/>)

* **Though there is a consensus that older adults facing high-risk surgery should first engage in advanced care planning, a recent study reveals that engagement in this process is not a routine event.** In a study of 213 such patients, only 13 conversations indicated any discussion of advance care planning. While these discussions of patients’ wishes in care for “postoperative life-sustaining treatments is important, these preferences are infrequently explored, addressed, or documented preoperatively.” (*JAMA Internal Network*, 5/12, <https://jamanetwork.com/journals/jamasurgery/article-abstract/2779969>)

OTHER NOTES

* **Scott Wiener, a California state senator, pinned an opinion article, “California’s psychedelic drug decriminalization is long overdue. I wrote the bill to fix that.”** Posted on *NBC News “Think,”* Wiener says that, despite growing up in a “war on drugs” culture, he sees three clear realities now: 1) Criminalizing drugs doesn’t improve safety for anyone. 2) The failed drug war has left communities of color disproportionately incarcerated. 3) Psychedelics are a promising tool for treatment options. **Weiner authored California’s Senate Bill 589, which would decriminalize psychedelics and open access to them.** “We know,” says Wiener, “that substances such as MDMA, mushrooms and LSD are not only nonaddictive, but that they also appear to have significant medical benefits when used appropriately.” Scientific studies show the promise of psychedelics. “It’s why palliative care providers are seeing incredible benefits when cancer patients and others struggling with terminal diagnoses undergo psychedelic therapy.” (*NBC News Think, 5/27,* <https://www.nbcnews.com/think/opinion/california-s-psychedelic-drug-decriminalization-long-overdue-i-wrote-bill-nca1268577>)

* **AARP identifies five steps to reform long term care.** The steps are to: 1) Enhance HCBS. 2) Offer “accessible and affordable care options in urban and rural areas, to fight entrenched health disparities. 3) Create additional numbers of quality professional staff for “homes and care facilities. 4) Offer support to family caregivers. 5) Create better options for “congregate living.” (*AARP, 5/26,* <https://www.aarp.org/caregiving/basics/info-2021/our-longterm-care-system-is-killing-americans.html?cmp=EMC-ADV-20210527-1463801&ncparam=U89qC6xXNGMaVgdQoO7vMg%3d%3d>)

* **“Family Caregivers Feel the Pandemic’s Weight,” appears in *New York Times.*** The article explores the toll that the lockdowns of the pandemic have placed on caregivers and those being cared for. Caregivers are worse off now, says the article. The article explores the difficulties faced. (*New York Times, 5/21,* <https://www.nytimes.com/2021/05/21/health/coronavirus-home-caregivers-elderly.html>)

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