

Starting early conversations about hospice & palliative care

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Why early conversations matter

Hospice care is intended for the last 6 months of life. In the face of most serious illness, initiating conversations about comfort-care early, is essential for enhancing a patient's quality of life. Research shows that starting these discussions sooner can lead to more meaningful engagement and better outcomes for patients and their families¹.



When to consider starting the conversation

- Common Diagnosis:
 - Cancer at any stage
 - Chronic advanced disease such as CHF · CKD · Cirrhosis · COPD
 - Degenerative Neurologic Diseases (dementia · Parkinson's · ALS · MS · strokes)
 - Devastating medical event (cardiac arrest · large stroke · sepsis requiring ICU)
- Recurrent hospitalizations, high utilization, or frequent clinic visits
- Difficult to control symptoms (physical, emotional, spiritual)
- Patient, family or physician concern with goals of care or prognosis
- Advance Care Planning (advance directives, POLST, code status, MOST)
- Unrealistic expectations considering progressive disease.
- Interventions that do not align with goals.
- Limited social support or difficult family dynamics with serious illness
- Evaluation for Hospice appropriateness or previous Hospice patient
- Declining functional status & mobility, weight loss, self-care, dysphagia, etc.)

Tips for Starting Conversations about Hospice and Palliative Care

Goals of Care Conversations

- › Reach out to Care Management early. They can assist with goals of care conversations, placement choices and determining patient readiness for palliative care or hospice. Spiritual Care can also support patients and families.

Use Open-Ended Questions

- › Start with questions about the patient's understanding of their condition and preferences for care. For example, "Can you tell me what you know about your illness?"

Emphasize Comfort and Benefits

- › Discuss comfort and quality of life, using phrases like, "We want to ensure you feel as comfortable as possible," to highlight symptom management and emotional support benefits before mentioning hospice or palliative care.

Provide Information Gradually

- › Introduce information about hospice and palliative care gradually, addressing common misconceptions and explaining what these services entail, if appropriate.

Encourage Family Involvement and Listen Actively

- › Invite family members to join if comfortable and allow space for the patient and family to express their feelings. Validate their emotions and provide compassionate responses.

Follow Up and Provide Resources

- › Revisit the conversation in future appointments, offering ongoing support and written materials or contact information for local hospice and palliative care services. Ensure patients know they can ask questions anytime and learn more at their own pace.

Additional Resources

Patient Choice Reminder

It is important that patients that have the right to choose their hospice provider. Care Management can assist in providing options.

If you need additional support, please reach out to your Care management team.



¹ Mack, J. W., Walling, A., Dy, S., Antonio, A. L. M., Adams, J., Keating, N. L., & Tisnado, D. (2020). Patient beliefs that conflict with palliative care: Results from a national survey of oncologists and patients. *Journal of Pain and Symptom Management*, 59(2), 320-329.