



Physician Matters

A publication for physicians and other healthcare providers
Spring 2017

Ms. H is a 76 year old female with CHF, CKD, HTN and arthritis. She is widowed and lives alone with family nearby. She's admitted for her 3rd CHF exacerbation in 4 months. Despite optimal medical treatment, Ms. H has become progressively weaker. She is O2 dependent and no longer safe to live independently. Discharge plan is to SNF for strengthening, then to her son's home with home health services.

Consider this common scenario in light of the following:

- 157 million people will be living with at least one chronic illness by 2020
- 7 out of 10 Americans die of chronic disease
- Top 3 causes of mortality: heart disease, cancer and chronic lung disease
- 80% of Americans want to avoid hospitalization or ICU care at the end of life
- 70% of Americans want to die at home
- 70% of Americans die in a hospital, nursing home or long term facility
- 41% of Virginia Medicare patients in 2014 were receiving hospice at the time of death (59% were not) (CMS data)

Chronic illness will eventually lead to or become a terminal condition. Medical providers have an opportunity to recognize the need for and recommend hospice when appropriate. Unfortunately, for those with chronic disease, referrals to hospice are often prompted by a crisis or imminent death.

It can be challenging for medical providers to make a terminal prognosis. In addition the timing of these conversations can feel challenging and/or overwhelming.

- **Start the conversation early with simple questions**
 - What are you hoping for?

- What is important to you and your family?
- If you were diagnosed with a terminal illness, would you choose to pursue every possible treatment?
- Would you stop treatment efforts if they were unsuccessful?
- Is it important for you to die at home?
- What do you hope for most regarding your death or the death of a loved one?

• **Keep in mind:**

- Knowing patients' preferences help align treatments with patient goals.
- Patients are complex and varied; individualize care plans to reflect their needs.
- Ask yourself is this plan working for this patient; is it helping them achieve their goals?
- Adjusting goals of care to meet what matters most to the patient and family, for the time they have together, is integral to hospice care.

We are always glad to help.

We appreciate and rely on you. Call us. We want to hear your concerns and do whatever it takes to give you the assurance that the care we provide to your patients is excellent, compassionate, and professional. Your patients matter. You matter.

Thank you for joining us to make a difference – to affirm life in the midst of illness and grief.



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