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## Hospices take on bigger role in American death

Programs have increased from 1,200 in 1992 to 3,300 in 2003

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**DALLAS** — Lisa Grabbitt was at her wits' end caring for her terminally ill husband.

Larry Grabbitt, 43, had decided against more treatment for his lung cancer. But he couldn't find relief for his crippling pain.

Desperate for help, the couple reluctantly reached a decision. They called a hospice.

They joined more than 1 million Americans making a similar choice each year — part of a trend that has transformed for-profit hospice operators into the fastest-growing segment of the hospice movement.

Companies such as Dallas-based Odyssey HealthCare Inc., a publicly traded company, are now the largest players in an industry that once relied mostly on small, nonprofit providers.

Within 90 minutes after the Grabbitts called, an Odyssey hospice worker was at the couple's home.

"Larry had not wanted me to call because he thought it would mean I was giving up on him," Lisa Grabbitt said. "But the pain got so bad, he agreed."

Hospice care emerged about 25 years ago as an option for people who were terminally ill and wanted to die at home and not in a hospital. It has since become an accepted part of health care and is now covered by Medicare, Medicaid and most private insurers.

"A hospice isn't about giving up; it's about giving people something to live for in their final days," said Tracy Wright, a registered nurse and general manager of Odyssey's Waxahachie program.

Odyssey last year served an average of 7,604 patients a day in 30 states, including South Carolina.

The company's doctors and nurses focus on controlling pain. Its social workers help prepare patients and their families for the end of life. Home health aides take care of patients' personal needs. And its chaplains provide spiritual counseling.

Now on new medication, Larry Grabbitt enjoys working in his vegetable garden and going to drive-in movies with his wife.

Someone from Odyssey's care team checks on him every day. "It's a comfort knowing help is there when you need it," he said.

## GOVERNMENT AID

By any measure, the hospice industry has grown rapidly, says the National Hospice and Palliative Care Organization.

Hospice programs have increased from 1,200 in 1992 to 3,300 in 2003.

Medicare beneficiaries choosing hospice care have gone from 143,000 to 950,000 over the same period. Medicare spending on hospices has climbed from about \$1 billion in 1992 to almost \$6 billion.

Analysts see no letup, as the over-65 population doubles over the next quarter-century.

But it's not just the numbers that drive the analysts' prediction.

Hospice care offers a holistic approach to dying that end-of-life specialists say will appeal to the baby boom generation.

"Boomers caring for their parents and beginning to realize their own mortality will look for alternatives to the sterile hospital room at the end of life," said Joanne Lynn, author of "Sick to Death and Not Going to Take It Anymore!"

## END OF DAYS

Experts say boomers have always wanted to live well, so they'll want to die well, too.

"Hospice care isn't only about relieving pain and providing comfort; it's also about helping patients make the most of their remaining days," said Mery Beth Manz, director of the nonprofit Faith Hospice in Dallas.

She and her staff try to grant patients' final wishes, which include everything from riding a carousel to piloting a plane. Other hospices have planned weddings, arranged family reunions and fixed favorite meals.

Analysts also pin growth projections to the fact that hospice providers have extended their reach beyond cancer and are serving people in the last stages of other illnesses such as congestive heart failure and Alzheimer's.

Cancer now accounts for less than half of hospice patients, according to industry statistics.

## LOWER COSTS

Hospices might also benefit from policy-makers' worries over soaring health care costs, experts say.

"Thirty percent of Medicare's dollars are spent in the last year of life," said Evelyn Cole, a partner with PricewaterhouseCoopers. "We need to take some of the burden off the health care system."

Cole points to studies showing that in-home hospice care costs less than hospitalization.

For every dollar spent on hospice care, Medicare saved \$1.53 in hospital bills, the National Hospice and Palliative Care Organization says.

As striking as the industry's potential for growth might be, hospices still reach only about one in three dying

Americans and sometimes provide care too late.

"Sometimes I barely finish the paperwork, and they die," Odyssey's Wright said.

Half of hospice patients are enrolled for less than three weeks, and stays of just a few days are common, according to the national hospice organization.

"Someone needs two or three months to receive the full benefit of hospice care," said J. Donald Schumacher, the group's president.

Many patients and families don't want to give up on a cure, especially as new treatments for cancer and other terminal illnesses become more available, experts say.

To qualify for hospice care, patients must forgo curative treatment and be certified as having six months or less to live.

"We don't want to accept that our loved one isn't going to get any better," Cole said. "We want to fight to the end."

Some doctors feel the same way.

"In spite of remarkable machines and techniques, there are limits to medical technology," said Jack Gordon, president of the Hospice Foundation of America. "If physicians would accept that, they would better serve their patients with terminal illnesses."

Medicare's requirement of a six-month prognosis might also delay hospice enrollments, experts say.

Because doctors don't want the government to think they're breaking the rule that hospice care be limited to just the last six months of life, many are careful not to enroll patients until they're practically at death's door, specialists explain.

Industry officials say they're making progress in overcoming those obstacles.

Some hospices have "community education representatives" who talk with physicians, hospitals, nursing homes, assisted-living centers and others to clear up misconceptions about hospice care.

Medical students are also receiving more training in end-of-life care so they'll know how to discuss it with patients, says Dr. Robert Fine, director of clinical ethics at Baylor Health Care System in Dallas.

Some analysts say the government should extend the prognosis for hospice benefits from six months to a year. Doctors might then be willing to make referrals earlier.

"Medicare now puts hospice care out of reach for most of the time that patients are seriously ill with eventually fatal illnesses," Lynn said.