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Hospice leader outlines challenges to end-of-life care

As the demand for services grows, organizations work to uphold standards amid financial pressure.

By Michael Vitez
Inquirer Staff Writer

Hospice care in America has exploded - and continues to grow - and the challenge will be to maintain quality care under more regulation and financial pressure.

Another big challenge continues to be getting hospice services to dying people sooner, according to J. Donald Schumacher, president of the National Hospice and Palliative Care Organization, who spoke to area hospice workers yesterday at the University of Pennsylvania.

Far too many Americans "are still jumping through hoops in order to die well in this country. I find that to be a disgrace," Schumacher said. At the same time, the nation is not prepared to care for the millions of baby boomers who will make huge demands on the end-of-life care system.

While hospice services generally cost much less than expensive, aggressive hospital treatment at the end of life, the overall bill continues to mount.

Last year, Schumacher said, 1.3 million Americans received hospice care, at a cost to Medicare of nearly \$10 billion. In 1996, about 400,000 Americans received hospice care, at a cost of \$2 billion.

Since 1982, when hospice care started as a Medicare benefit, more than 3,650 hospice organizations have sprung up.

With that growth, Schumacher said, are challenges that keep him awake at night.

Will hospices be able to maintain high standards of care - helping people die well, usually at home, their pain controlled?

"You have to have a heart at the same time we're accountable - that's a big challenge," Schumacher said. "provide a really good day of care and improve business acumen so



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we meet regulations."

Hospice has long served mostly cancer patients approaching death, but last year, for the first time, fewer than 50 percent had cancer. Increasingly, they suffered from heart and lung diseases and neurological disorders.

Schumacher would like to eliminate the eligibility requirement that a patient have a prognosis of six months or less to live.

With many illnesses, making such a prognosis is difficult if not impossible, he said. And in the long run, less restrictive access to hospice will allow more people to get better care at less cost, he predicts.

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