

## Research Shows Patients May Live Longer with Hospice & Palliative Care

A new study released by the New England Journal of Medicine found that among patients with non-small-cell lung cancer, those who received palliative care lived, on average, almost two months longer than those who received standard care. Researchers also found that the patients receiving palliative care reported a higher quality of life through the final course of their illness.

The goals of palliative care are to improve the quality of a seriously ill person's life and to support that person and his/her family during and after treatment. Sharing the same philosophy of hospice care which is usually provided in the final months of life, palliative care may be provided at any stage during a serious or life-limiting illness.

Researchers also found that when patients received palliative care services, they were also more likely to elect hospice services.

"With earlier referral to a hospice program, patients may receive care that results in better management of symptoms, leading to stabilization of their condition and prolonged survival," wrote the authors of the study released Aug. 18 in the New England Journal of Medicine.

This new study adds to the body of evidence showing that many patients live longer with hospice and palliative care.

A 2007 study that looked at Medicare beneficiaries with some of the most common diagnoses leading to death, found that patients who received hospice services lived on average 29 days longer than those who did not receive hospice care. This study, published in the *Journal of Pain and Symptom Management* (March 2007) looked at 4,493 terminally ill patients with either congestive heart failure or cancer of the breast, colon, lung, pancreas, or prostate.

In an earlier study looking at patients with 16 of the most common terminal

## A Success Story of Home Care for Chronic Heart Failure

By Donald P. Copley, M.D.

I peeked in the exam room to find Shirley radiant and well-dressed, flanked by her proud daughter. We congratulated each other on Shirley's near-miraculous turnaround from what we all thought was "end-stage" heart disease.

I recalled a much younger woman who first came to me in 1987 because of chest pains due to heart artery spasms. Since then, Shirley and I have navigated several challenging medical crises, culminating last year in a string of harrowing hospitalizations for severe heart failure. Out of frustration from her lack of improvement, we opted last fall to start Hospice Buffalo home care, hoping for less distress in her remaining days with her family nearby.

I favored this approach because of my recent experience with a dozen of my sickest heart patients who were treated kindly and effectively in their homes by Hospice Buffalo. For two thirds, the comfort they sought came with the daily attention provided by Hospice professionals. But more remarkably, the remaining third gained so much strength that they ventured out to resume former outside activities.

Over a 35-year medicine career, I've seen hospitals take over the care of chronically sick heart patients, presuming this was the best approach. But more recently, I've seen hospital costs rise alarmingly without any increase in the quality of outcomes. Patients are frustrated by stressful and expensive hospital stays. I now believe quality health care at reasonable cost requires at least some home-based care for patients with chronic diseases.

Heart failure has become the most common cause for repeated hospitalizations, costing billions yearly. Chronic heart problems are particularly amenable to home care because of symptoms such as shortness of breath and fluid retention. These symptoms are readily managed at home with simple treatments. Because heart failure is unpredictable, it's better handled by a quick response team on call for home visits, rather than by hectic trips to hospital emergency departments. Of course, home care should come into play only after hospital treatments such as angioplasty, bypass surgery, and pacemakers have been fully utilized.

I've noted that patients are reluctant to accept Hospice care, probably because of its connection with incurable cancer. But every one of my heart patients treated by Hospice Buffalo reported a favorable, even an uplifting experience.

I've made a study of why Hospice care works so well. It starts with their convincing optimism and unconditional commitment to a patient's well-being. I see an emphasis on what really counts: symptom relief, anxiety control, better nutrition, restful sleep, and family closeness. Hospice professionals have a knack for harnessing a patient's own grit and determination, while amplifying the assistance of family and friends.

I've also noted a wide spectrum of expertise from Hospice doctors, nurse practitioners, nurses, therapists, nutritionists, and clergy. Their success comes from routine daily contact, punctuated by timely adjustments in treatments, keeping



Donald P. Copley, M.D.

## Where Hope Lives

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diagnoses, researchers found that hospice patients lived longer. On average, this ranged from 20 days for those with a diagnosis of gallbladder cancer to 69 days for the cohort of breast cancer patients (JPSM, September 2004).

"There's an inaccurate perception among the American public that hospice means you've given up," said J. Donald Schumacher, president and CEO of the National Hospice and Palliative Care Organization. "Those of us who have worked in the field have seen first hand how hospice and palliative care can improve the quality of and indeed prolong the lives of people receiving care."

NHPCO encourages all families who are diagnosed with a serious illness to ask their healthcare providers about hospice and palliative care services.

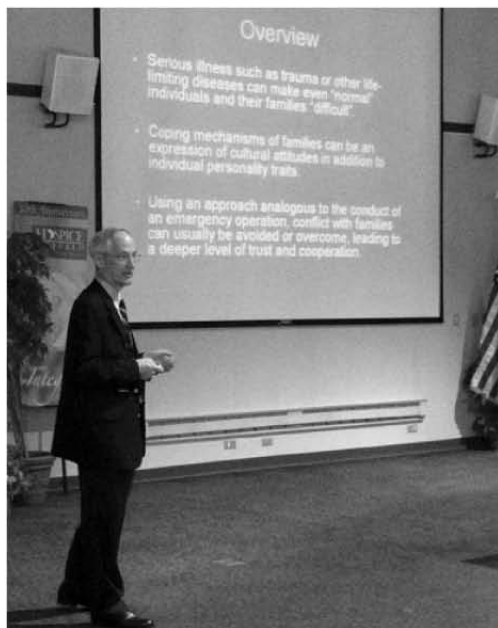
"The time to learn about these services is before a person is in a medical crisis. Patients and families must learn about these options of care as soon as possible," Schumacher added.

Both hospice and palliative care focus on helping a person with a serious or life-limiting illness by addressing issues causing physical or emotional pain, or suffering. Hospice and other palliative care providers have teams of people working together to provide care.

More information about hospice and palliative care is available online at [www.HospiceBuffalo.com](http://www.HospiceBuffalo.com) or by calling the Hospice Admissions Department at (716) 686-8000.

## Surgeon Introduces New Palliative Care Curriculum to Surgical Residents

At the invitation of the Palliative Care Institute, Geoffrey P. Dunn, MD, FACS, medical director of the Palliative Care Consultation Service at Hamot Medical Center in Erie, PA, unveiled the National Surgical Palliative Care Curriculum to surgical residents at UB recently.\*



*Following Dr. Dunn's presentation at UB, the surgeon gave an inservice to the Hospice Buffalo staff on lessons learned from palliative care.*

"The curriculum, Surgical Palliative Care: A Resident's Guide, is the culmination of more than a decade's national collaboration among a number of surgeons interested in palliative care, surgical educators, and the American College of Surgeons," said Robert A. Milch, MD, FACS, one of the collaborators and clinical director of the Palliative Care Institute.

"Beginning as the Surgical Palliative Care Task Force of the ACS and supported by a grant from the Robert Wood Johnson Foundation, the Task Force was melded as a permanent component into the Division of Education of the ACS as the Palliative Care Work Group. While I had a role with Dr. Dunn as co-chairs of the groups, his subsequent work and elevation to a Governor of the ACS has spearheaded development of the curriculum, building on the many (more than two hundred) publications, texts, and presentations by its members."

With support from the Cunniff-Dixon Foundation and the ACS, the curriculum will be distributed to every surgical resident in an accredited training program in the United States. "To our knowledge," added Milch, "the

unveiling of the curriculum here is the first to be incorporated formally in the ongoing education and training of tomorrow's surgeons by the faculty of the Department of Surgery of the University at Buffalo in collaboration with The Palliative Care Institute of the Center for Hospice and Palliative Care."

*\*The Palliative Care Institute is a collaborative between the University at Buffalo and The Center for Hospice & Palliative Care. The aim of the institute is to interconnect community and university efforts across disciplines with the goal of establishing excellence in palliative care clinical practice, research and education.*

*Where Hope Lives*

## Palliative Care Conference Rescheduled for Spring 2011

The  
Palliative Care  
Institute



**"Palliative Care in a Changing Health Care Environment," a conference hosted by the Palliative Care Institute, has been postponed and is being rescheduled for late spring 2011.**

**Please add your name to our email list at: [www.palliativecareinstitute.com](http://www.palliativecareinstitute.com) to receive updates on palliative care and notification about the conference.**

### Hospice Buffalo Continuum of Care

- Homes
- Palliative Care/Hospice Beds in Hospitals
- Hospice Assisted Living and Nursing Home Services in area adult homes, nursing facilities, and group homes
- Mary & Ralph Wilson, Jr. Hospice Inpatient Unit at the Mitchell Campus for short-term pain/symptom management, respite and end-stage care
- Hospice Buffalo House at the Mitchell Campus and the St. John Baptist/Hospice Buffalo House for hospice-eligible patients needing 24-hour nursing care during the final months or weeks of life.

## Gilda's Club WNY to Merge with The Center for Hospice & Palliative Care

In a move to address the future needs and sustainability of Gilda's Club Western New York, the Club's Board of Directors has voted to merge with The Center for Hospice & Palliative Care (CHPC). Effective Oct. 18, Gilda's Club WNY, located at 1140 Delaware Ave. in Buffalo will become an affiliate of CHPC, one of the nation's largest hospice and palliative care programs.

The board of directors of Gilda's Club approached CHPC in the fall of 2009 following a comprehensive planning process designed to address the sustainability of the Club. Gilda's Club and CHPC have common purpose and mission in caring for persons experiencing the impact of cancer and other serious illnesses.

**All Gilda's Club programming including social events, support groups and workshops will continue without disruption to the Club's membership.**

"Over the past six years Gilda's Club has played an important role in complementing the medical care for those touched by cancer by providing critical emotional and social support," said Jock Mitchell, chairman of Gilda's Board of Directors. "Each year the demand for Gilda's services has grown with the membership now exceeding 1,400 individuals. We are excited about the partnership with The Center for Hospice & Palliative Care and firmly believe that the community will benefit from the collaboration and ensuring that these important services are available for years to come."

Founded in 2004, Gilda's Club Western New York offers membership free of charge to anyone touched by cancer. For more information about Gilda's programs and services, call (716) 332-5900 or visit [www.gildasclubwny.org](http://www.gildasclubwny.org).



### Definitions of Hospice & Palliative Care

**Palliative Care** is comprehensive care, provided by an interdisciplinary team, for patients living with a life-limiting illness and their families. Care is focused on alleviating suffering and promoting quality of life. Major issues addressed are pain and symptom management, information regarding the illness, advance care planning, psychosocial and spiritual needs and coordinated care with other community resources.

**Hospice Care** is palliative care for terminally ill patients who have a prognosis of 6 months or less to live. Services are provided to the patient's family during their loved one's illness and through a period of bereavement.

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## MISSION STATEMENT

The Center for Hospice & Palliative Care provides exceptional care and life enhancing services for seriously ill patients and those who share their lives.

## VISION STATEMENT

All those impacted by serious illness will be provided with relief from suffering and improvement in quality of life.

## Calendar of Events

### Holiday Shopping Spree to Benefit Essential Care

**Southtowns Event - Holiday Shopping Spree at Orchard Park Country Club, Wednesday, November 10 from 5:30 - 8:30 p.m.**

**Northtowns Event - Holiday Shopping Spree at Brookfield Country Club, Thursday, November 18 from 5:30 - 8:30 p.m.**

Purchase gifts for everyone on your list with unique boutique shopping. Tickets are \$35 each and include hors d'oeuvres and a complimentary drink. RSVP by November 5. For more information: Southtowns: contact the Hospice Foundation, 686-8090. Northtowns: Please send check payable to Hospice Foundation of WNY, c/o Ms. Dale Przylucki, 43 Andover Lane, Williamsville, NY 14221.

### November, 2010 - Light-A-Life Memorial Tree presented by ctg

Light-A-Life Memorial Tree, honor a loved one with an heirloom bell, inscribed with their name. With a gift of \$55 or more, you'll receive this year's commemorative bell, the 15th in our collectible series. Order by Wednesday, Nov. 17 to ensure holiday delivery. Order online at our secure website, [www.hospicebuffalo.com](http://www.hospicebuffalo.com) or call the Hospice Foundation at (716) 686-8090. The 22nd Outdoor Tree Lighting Ceremony will be held at ctg Saturday, December 4th, 4:30-5:00 p.m. at 800 Delaware Ave., Buffalo.

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patients symptom-free and away from hospitals. I've noted how they minimize personnel changes to avoid care lapses, resulting in greater patient confidence. Team members appear motivated more by a calling to help sick patients than by expectations of personal gain.

I estimated that the total cost of Shirley's hospitalizations last year exceeded \$100,000, compared to \$150 per day in Hospice Buffalo expenses over 6 months, which undercuts the hospital tab by 75%.

There's a clear lesson here for those seeking health care reform: Patients with on-going diseases like chronic heart failure should be treated as much as possible at home by a team of experienced professionals if we ever hope to get a grip on rising health care costs. We must encourage simpler scientifically-proven home protocols which amplify the inherent resources of family and friends.

Shirley's experience with Hospice Buffalo should make us rethink how we organize American health care in the next decade.