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# CASE STUDY

## STUDY HELPS DISPEL MYTH THAT OPIOIDS HASTEN DEATH

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The belief that the administration of opioids (including morphine) hastens death can be a significant barrier to effective pain management for dying patients reports the National Hospice and Palliative Care Organization. The study published by the *Journal of Pain and Symptom Management* suggests that the timing of death among patients with advanced illness involves a complex interplay of variables and that effective opioid use actually poses little risk of hastened death<sup>1</sup>.

This article, "*Opioid Use and Survival at the End of Life: A Survey of a Hospice Population,*" can be downloaded from NHPCO's Web site.

Under treatment of pain is a far more pressing concern than is the risk of hastened death in those with advanced disease. Available research indicates that physicians should be encouraged to use opioids effectively to relieve suffering at the end of life.

This study examined outcomes of 725 hospice patients who were receiving opioids and had at least one change in dose prior to death. The study looked at both the total daily amount of opioid given and the changes in dose on the timing of death. Opioid dosing explained little of the variation in survival time among these patients.

In a hospice population, survival is influenced by complex factors, many of which may not be measurable.

The study concluded that concern about hastening death does not justify withholding opioid therapy.

"Most clinicians understand the value of using opioids to relieve suffering at the end of life but fear of hastening the death of seriously ill persons contributes to unnecessary suffering," said Stephen Connor, vice president of research and international development for NHPCO and a co-author of the study. "This study reassures clinicians that their effective use of opioids in the seriously ill will not hasten death and will lead to better quality care. We all want to be kept comfortable and pain free at the end of our lives".

Extensive data pertaining to clinical outcomes during end-of-life were collected as part of the National Hospice Outcomes Project, a prospective longitudinal study of patients admitted to hospice programs, funded by the Robert Wood Johnson Foundation.

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**Editor's Note: Need more information? Call one of our Professional Relations nurses at 686-1900.**

<sup>1</sup> "Opioid Use and Survival at the End of Life: A Survey of a Hospice Population," *Journal of Pain and Symptom Management*, December 2006.



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## HOW HOSPICE CAN HELP YOUR PRACTICE

### *Answers to Questions Physicians Often Ask About Hospice Care*

*Most Physicians know that Hospice is designed to help terminally ill patients and their families with relief from pain and other symptoms. But here are answers to questions physicians often ask about Hospice care and how it can help busy physicians and their office staff cope with the demanding problems seriously ill patients can present.*

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#### **How do we know if a patient is Hospice appropriate?**

The National Hospice & Palliative Care Organization has published Guidelines for Prognosis in Non-Cancer Diseases. Hospice Buffalo uses these to help primary care physicians and specialists manage patients with end-stage heart, lung, Alzheimer's, and other non-malignant conditions. For a copy, please call (716) 989-2009.

#### **Can I bill Medicare or commercial insurance for services once my patients are referred to Hospice?**

Yes, you can. Primary attending physicians continue to bill Medicare Part B and other carriers for the patient's regular office visits or for all covered services. New billing codes are also available for care plan oversight, so reimbursement can be obtained for telephone calls to nurses, as well as patients.

#### **Do commercial insurance plans have Hospice benefits?**

Most third-party payers now have a Hospice benefit, similar to the Hospice Medicare Benefit.

#### **Do you offer a Hospice evaluation service?**

Yes. Hospice Buffalo staff are available to meet with you, evaluate, and educate patients and families who you believe are appropriate for Hospice services. *There is no fee for this service.* If, during the evaluation, your patient chooses Hospice care and you approve this decision, admission to the program can start right away. Contact Hospice Buffalo Admissions Department at (716) 686-8000.



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- Myths & Facts of Hospice Care
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