



PREDICTING END OF LIFE

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Predicting someone's death can be nearly impossible. And, there isn't a physician who hasn't been asked that question at one time or another. Coming up with a realistic answer is harder than anyone could imagine.

There is a great book, on the market, written by a physician who practices on the East Coast. He tells the story of an animal that can "predict" death. This physician works with patients residing in a long-term care facility and has to answer the question, "how long does he/she have doc? In this beautifully written story, the physician explains how this animal has an uncanny ability to predict when a person is going to die. When the animal shows up in the patient's room, and takes residence, the animal will lie at the foot of the patient's bed until they take their last breath. Once this occurs, the animal meanders away, not to be seen, for days at a time. The strange thing is that the patient has died almost every time the animal did this.

In hospice, we hear the same question, however, we don't have a special animal to predict when a patient's time is near. We too struggle with the answer. We can look for clinical indicators, such as mottling, apnea, a decrease in intake and/or output. But to pinpoint or determine when a patient has a terminal prognosis of "six months or less" can be tricky.

CMS has established the Local Determination Coverage policies (LCD), which simply are clinical indicators to help determine a terminal prognosis. Many of the diseases have specific indicators that help determine a poor prognosis. For example, Alzheimer's disease patients typically will have a change in their functional status; their speech is limited or nonsensical. They have an impaired ambulatory status such as requiring the use of a wheelchair when they previously utilized a walker, or now require a walker when they were previously independent. They have dysphagia and may require thickened liquids to prevent choking.

In patients without a clear-cut diagnosis, this becomes more difficult. Failure to thrive (otherwise known as Debility) is vaguer and may be more difficult to determine. The criteria for this diagnosis includes weight loss, change in functional status, and if they have other co morbid conditions, this too contributes to their poor prognosis.

Some of the simple signs that may indicate a poor prognosis include weight loss, a change in intake, and change in continence. Other indicators include a change in functional or mental status, frequent infections, skin impairment, refusing meals or medications. Chronic UTI's that fail to respond to antibiotics are another common indicator. Something not commonly considered includes obesity. Obesity comes with its own unique medical issues, which have been associated with end of life. And of course, there is the patient that no scientific reason can explain their demise. The patient may have simple 'given up.' Many patients comment that they "are just sick and tired of being sick and tired".

Even when using these LCD's, determining a six months prognosis still fails to be an exact science. The positive in all of this is the fact that CMS also realizes that determining a six-month prognosis is difficult and will not "punish" a physician for referring a patient to hospice once the physician feels the patient may be at the end of life. The CMS guidelines clearly state that "a patient may not meet all or any of the criteria and still qualify for hospice services." This is when it may be necessary to call in a hospice representative to perform a thorough review of the medical records and perform an assessment to ascertain if the patient exhibits a poor prognosis and would qualify for hospice services.

To simplify the process, when a physician suspects that a patient may be exhibiting changes in their overall condition, they may be exhibiting a limited prognosis and a hospice evaluation may be warranted. When a patient begins to fail to respond to traditional treatment, or when the patient or patient's family decide that "enough is enough," hospice should be contacted. Offering compassionate palliative care throughout the end of life is one of the best gifts that a physician can give their patients.

Although very few of us have an animal to help us predict the end of life, there are other ways that are just as successful as the animal with the innate ability to determine death. Hospice is one of those avenues that a physician can take. Offering peace, comfort, dignity and compassion during the final six months of life is not only a gift, it's the patient's right.

If you have any questions or would like to order a hospice evaluation for a patient, Crossroads Hospice can assist you in determining if the patient is indeed, at the end of life.

The logo for Crossroads Hospice is displayed in a light green, cursive font against a solid green background. The word "Crossroads" is written in a flowing, handwritten style, with the "C" being particularly large and decorative. The word "Hospice" is written in a similar but slightly more uniform cursive style below it.



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