End-of-life Care In Assisted Living Facilities

According to Reuters Health and findings from a recent study, individuals who are living in an assisted living facility may not receive their hospice care until they are closer to the point of death as compared to those who are living at home. Research suggests that residents in assisted living arrangements could be less likely to receive opiates to improve their quality of life in their final days. Those in assisted living are less likely to pass away at their facility with hospice care to ease their passing.

Current State of Care

Each year, an average of 1.6 million Americans are provided with hospice care. According to the Journal of American Geriatrics Society, hospice is not about curing an illness. It
is provided in the final stages of life when a cure is not possible, doing everything possible to make patients comfortable in their last days while they are allowed to stay at home, rather than go to the hospital to die. Approximately two thirds of all hospice patients receive support from hospice workers and volunteers at home. Roughly 7% live in a residential setting such as an assisted living facility. When looking ahead to the future, at least 27 million Americans will reach the age of 65 or older. Many will require care in an assisted living setting.

Home Hospice Vs. Hospice In Assisted Living

Researchers focused on the differences in hospice services for patients at home and in assisted living facilities. Electronic medical records were gathered from 12 hospice organizations that were nonprofit in several states, including Missouri, Texas, Florida, Pennsylvania, Ohio, Michigan, Kentucky, California, New Mexico, Wisconsin, and Kansas. Between 2008 and 2012, at the time of hospice enrollment 78,130 patients who were a part of the study were living at home. 7,451 patients were living in assisted living facilities. When examining the data on patients in assisted living, the majority tended to be older women who had some type of disability, at least one stroke or dementia. In contrast, hospice patients at home were more likely to suffer from cancer. Hospice stays in assisted living facilities lasted an average of 24 days as opposed to 29 days for those who received hospice care at home.

While pain was a shared experience for many of the patients in both settings, individuals in assisted living settings were half as likely to receive the prescription-strength opiates to relieve their pain. In analyzing statistics, researchers found that cancer patients and male patients were more likely to receive opiates. Older, white patients were less likely to
receive opiates to relieve their pain. Researchers found that patients who lived in assisted living settings were approximately half as likely as hospice patients who received care at home to die in a hospital setting. Authors of the study note that there are some limitations in findings.

The study did not include data concerning the pain levels of patients which would have an impact on their need for opiates. Researchers did not take into account the preferences of patients concerning where they wanted to die, which would be a factor as well when considering if patients received hospice care at home until their passing or went to a hospital setting.

**Commentary From Notable Researchers**

Marlene McHugh researches palliative care at the Columbia University School of Nursing. She is knowledgeable about palliative care and stresses the importance of discussing options with care with a team of doctors, as well as what to expect in the end stage of an illness. Patients and their families should ask questions such as, “Will I require a feeding tube, oxygen, dialysis?” McHugh recommends, “Appoint someone to be your voice, to make decisions on your behalf.” Debra Dobbs researches the aging at South Tampa’s University of Florida.

In reviewing findings from the study, she noted that hospice care can come to late in some cases, failing to allow patients to receive optimal results in relief for their pain and their care. Dobbs stressed the importance of stating decisions pertaining to the end of life in living wills, including wishes concerning do-not-resuscitate to provide the best in care for patients and abide by their wishes.