

## **“Good and Peaceful Death’: Cancer Hospice in the Pandemic**

Lillie Shockney, RN, MAS, a two-time [breast cancer](#) survivor and professor of surgery at Johns Hopkins School of Medicine in Baltimore, Maryland, mourns the many losses that her patients with advanced cancer now face in the midst of the COVID-19 pandemic. But in the void of the usual support networks and treatment plans, she sees the resurgence of something that has recently been crowded out: hospice.

The pandemic has forced patients and their physicians to reassess the risk/benefit balance of continuing or embarking on yet another cancer treatment.

"It's one of the pearls that we will get out of this nightmare," said Shockney, who recently retired as administrative director of the cancer survivorship programs at the Sidney Kimmel Comprehensive Cancer Center.

"Physicians have been taught to treat the disease — so as long as there's a treatment they give another treatment," she told *Medscape Medical News* during a Zoom call from her home. "But for some patients with advanced disease, those treatments were making them very sick, so they were trading longevity over quality of life."

Of course, longevity has never been a guarantee with cancer treatment, and even less so now, with the risk of COVID-19.

"This is going to bring them to some hard discussions," says Brenda Nevidjon, RN, MSN, chief executive officer at the Oncology Nursing Society.

"We've known for a long time that there are patients who are on third- and fourth-round treatment options that have very little evidence of prolonging life or quality of life," she told *Medscape Medical News*. "Do we bring these people out of their home to a setting where there could be a fair number of COVID-positive patients? Do we expose them to that?"

Across the world, these dilemmas are pushing cancer specialists to initiate discussions of hospice sooner with patients who have advanced disease, and with more clarity than before.

One of the reasons such conversations have often been avoided is that the concept of hospice is generally misunderstood, said Shockney.

"Patients think 'you're giving up on me, you've abandoned me', but hospice is all about preserving the remainder of their quality of life and letting them have time with family and time to fulfill those elements of experiencing a good and peaceful death," she said.

Indeed, hospice is "a benefit meant for somebody with at least a 6-month horizon," agrees Nevidjon. Yet the average length of hospice in the US is just 5 days. "It's at the very, very end, and yet for some of these patients the 6 months they could get in hospice might be a better quality of life than the 4 months on another whole plan of chemotherapy. I can't imagine that on the backside of this pandemic we will not have learned and we won't start to change practices around initiating more of these conversations."

## **Silver Lining of the Pandemic**

It's too early into the pandemic to have hard data on whether hospice uptake has increased, but "it's encouraging to hear that hospice is being discussed and offered sooner as an alternative to that third- or fourth-round chemo," said Lori Bishop, MHA, RN, vice president of palliative and advanced care at the National Hospice and Palliative Care Organization (NHPCO).

"I agree that improving informed-decision discussions and timely access to hospice is a silver lining of the pandemic," she told *Medscape Medical News*.

But she points out that today's hospice looks quite different than it did before the pandemic, with the immediate and very obvious difference being telehealth, which was not widely utilized previously.

In March, the Centers for Medicare & Medicaid Services (CMS) [expanded telehealth options for hospice providers](#), something that Bishop and other hospice providers hope will remain in place after the pandemic passes.

"Telehealth visits are offered to replace some in-home visits both to minimize risk of exposure to COVID-19 and reduce the drain on personal protective equipment," Bishop explained.

"In-patient hospice programs are also finding unique ways to provide support and connect patients to their loved ones: visitors are allowed but limited to one or two. Music and pet therapy are being provided through the window or virtually and devices such as iPads are being used to help patients connect with loved ones," she said.

Telehealth links patients out of loneliness, but the one thing it cannot do is provide the comfort of touch — an important part of any hospice program.

"Hand-holding...I miss that a lot," says Shockney, her eyes filling with tears. "When you take somebody's hand, you don't even have to speak; that connection, and eye contact, is all you need to help that person emotionally heal."