What the Media Said about End-of-Life Care This Week
April 12, 2022
A Service of Your State Association

AVOIDING TALKING ABOUT DEATH IS HURTING THE ENVIRONMENT

It is no secret that Americans often prefer to not think or talk about death and dying. An article in *The Week* magazine, titled "Americans are bad at talking about death, and it's hurting the environment," explores how this reticence is hurting the earth.

As the U.S. has grown in holding large corporations more accountable for their environmental principles, the article says, "The funeral industry is one of the few players to escape the scrutiny of its practices." In our culture, where death is not a welcome topic of conversation, it is no wonder that environmental activism has yet to robustly "venture into the murky world of deathcare."

"Traditional funeral options," says the article, "are less than eco-friendly." The tools of the funeral industry are costly to citizens and to the environment. A large quantity of natural resources, claims the article, are used in creating caskets and vaults. Embalming fluid, furthermore, contains carcinogens and can contaminate groundwater near cemeteries.

Cremation, says the article, has grown to include over half of Americans. Part of this growth has come from the perception that cremation is better for the environment. In fact, the U.S. the process of cremation "emits approximately 30,000 metric tons of CO2 each year." The interest in how to dispose of cremation ashes, and what happens after burial, is also often not understood. To become a tree, for example, ignores the fact that cremation ashes do not enrich soil, and traditional burials prevent bodies from becoming part of the earth.

In the 1900s, says the article, U.S. citizens lived closer to other family members, people died mostly at home, and family members prepared the bodies for burial. As deaths moved more toward happening outside of the home, and as "funeral parlors" took on the work of burials, "Death became far less visible." **Basically, the article says, our lack of "death talk allows myths and assumptions about funeral care to flourish."**

Now, change is beginning to happen. Environmentally-friendly "deathcare options" are cropping up across the U.S. These efforts include utilization of processes that vary from water burials to "'human composting'" Green burials are generally thought of as those that place an unembalmed body in a biodegradable coffin. Human composting, currently legal in Washington, Oregon and Colorado, is being considered by other states. In Washington, Catholic groups opposed composting, saying it "didn't show enough respect for the deceased body.

There is a financial downside to "green deathcare." Cremation costs can be as little as $1000, whereas composting costs between $7 to $10 thousand. Changes are happening, but for change in the burial industry to move forward more quickly, "we have to talk more openly about death and dying to begin with." (*The Week,* 4/7, https://theweek.com/feature/opinion/1012220/talking-about-death-is-good-for-us-and-the-environment)

HOSPICE NOTES

*** As Congress was leaving town for a two-week vacation, NHPCO and the Hospice Action Network (HAN) issued a media release expressing concern about hospices.** "Due to congressional inaction," says the release, the one percent sequestration cut to Medicare payments began on April 1. The cut comes at a time of healthcare worker

shortages, inflation, and the pandemic, says the release. "This cut will have a major impact on access to care, especially in rural and underserved communities." The release calls this a "direct attack on access" to care. NHPCO and HAN will "work with Congressional champions" in to help providers and all Americans. (NHPCO, 4/8, https://www.nhpco.org/nhpco-and-han-call-on-congress-to-protect-hospice-medicare-benefits/)

* **A Mississippi physician has been convicted for "referring and certifying patients to hospice care who were not terminally ill and didn't know what sort of treatment they would be getting."** Dr. Scott Nelson, of Cleveland, MS, will be sentenced on July 27. He has been convicted on one count of conspiracy and seven counts of health fraud. Each of these can mean up to 10 years in prison and monetary fines. Several other hospice employees have also pleaded guilty for bringing patients to Nelson to be certified for hospice. (*AP,* 4/5, https://apnews.com/article/health-mississippi-greenville-cleveland-conspiracy-de63f5f2ba729ab40dec5727bec6dc83)

*** With the acquisition of Cornerstone Hospice and Palliative Care, Chapters Health becomes one of the largest not-for-profit hospice providers in the nation.** Chapters Health "can continue reinventing how chronic illness management and end-of-life care is administered in all the communities we serve," said Chapters Health's Andrew Molosky. Details are online in the press release listed below. (*PRWeb,* 4/5, https://www.prweb.com/releases/chapters_health_system_celebrates_becoming_largest_not_for_profit_end_of_life_care_organization_in_country/prweb18601509.htm**)**

*** An article in California's *The Business Journal,* is titled "Hospice Centers Forced to adapt for Pandemic."** Hospice has faced new challenges during the pandemic. The article explores some of the difficulties and challenges that hospices have faced, and some of the solutions they have found. (*The Business Journal,* 4/5, https://thebusinessjournal.com/hospice-centers-forced-to-adapt-for-pandemic/)

* ***Palo Alto Online* shares "As aging population rises, more people turn to hospice for enrichment, comfort."** "Hospice," reads the byline of the article, "brings the humanity back to the dying experience." The article shares about San Mateo's Mission House that offers residential hospice. It also explores the overall work of hospice, and notes the different hospice environments where patients are served. (*Palo Alto Online,* 4/1, https://www.paloaltoonline.com/news/2022/04/01/as-aging-population-rises-more-people-turn-to-hospice-for-enrichment-comfort)

PALLIATIVE CARE NOTE

* **"What is palliative care? How is it different from hospice?" appears in *The Conversation.*** Palliative Care physician Yael Schenker shares a primer on hospice and palliative care. There is a focus on exploring palliative care—including its history, growth, and need for expansion and easier access. Palliative care is an "evidence-based service recognized by national guidelines," but it is not available to everyone. Palliative teams are understaffed, while the numbers of patients needing the care are growing. **Finding solutions for improving palliative care, says Schenker, "would require changing medical reimbursement and training models to make palliative care fundamental – for everyone."** (*The Conversation,* 4/6, https://theconversation.com/what-is-palliative-care-how-is-it-different-from-hospice-179364)

END-OF-LIFE NOTES

*** A post in *KevinMD* asks, "Does your patient advocate have access to stop the medicalized death train?"** Author L. Raquel Clary-Lantis, DO, shares her personal experience on serving as healthcare advocate for her mother. She shares how she, as a full-time palliative care physician, faced the care decisions that her mother needed as she neared life's end. She found it very difficult to guide the decision to offer only comfort care. As an ER physician, and with her mother's clear care plan, she felt in a privileged position to intervene. But that was not to be. "Despite these measures," she writes, "I am sadly discouraged by the additional steps it took to help navigate her care in a system that often only sees the 'current' problem in determining how to proceed…" After multiple conversations, she was finally able to get her mother home and enrolled in hospice. (*KevinMD,* 4/1, https://www.kevinmd.com/2022/04/does-your-patient-advocate-have-access-to-stop-the-medicalized-death-

train.html)

* **In "Death, Dying and Suffering: The Need for Medical Education Reform," medical students Meghan Mallya and Leonard Wang say. "Medical school curricula should be formalized to teach students how to face suffering and death in clinical practice."** Because all doctors will, at some time, face death, dying and suffering of their patients, the need for preparation is strong. Yet, they say, most medical students learn these skills "by ad hoc observations." They advocate for "a longitudinal educational approach, and maximizing learning in pre-clinical years. They seek "lived experience panels and group discussions," where students learn from patients, families, palliative care experts, and chronically ill people. (*in-Training,* 4/2, https://www.kagstv.com/video/news/health/have-you-had-the-conversation-talking-with-your-family-about-end-of-life-decisions/499-14fe9211-56d8-4f3b-b910-8df3c97288a8 https://in-training.org/death-dying-and-suffering-the-need-for-medical-education-reform-24025)

GRIEF AND ADVANCE CARE PLANNING NOTES

*** "What is Anticipatory Grief, and How Can You Cope With it?" is an article in *PopSugar.*** The article defines anticipatory grief as "the normal process you begin when you know" some you love will die soon. The article explores the complexity of grief, difficulties in navigating grief, and the need for support. The article examines signs of grief, and offers tips on how to recognize that others are grieving. Tips for coping are offered as well. (*PopSugar,* 3/31, https://www.popsugar.com/fitness/anticipatory-grief-48724523)

* **End of Life University features a podcast with Emma Payne, a grief coach**. The use of text-based outreach and support can help those who are grieving, says Payne, and that is the focus of her message. The podcast is online at the link below. (End of Life University, 4/4, https://eolupodcast.com/2022/04/04/ep-345-grief-coach-how-text-based-support-can-help-with-grief-with-emma-payne/?mc_cid=551ba00c08&mc_eid=d0771da91c)

* **The pandemic has intensified and disrupted the grieving process**. An article in Ohio's *The Vindicator* features an article that explores how COVID has impacted the grieving process. Information about Hospice of the Valley's bereavement programs is shared in the article. (*The Vindicator*, 4/3, https://www.vindy.com/life/lifestyles/2022/04/navigating-sorrow-pandemic-intensifies-disrupts-grieving-process/)

OTHER NOTES

* **AARP shares practical advice for people who have loved ones that die. In "What to Do When a Loved One Dies," the work of handling personal and legal details is addressed.** This is a process that can take a long time, and is more than a one-person job. The article offers guidance on what things to do immediately after the death; actions needed within the first few days after death; and items to be completed two weeks after the death. (AARP, 3/18,https://www.aarp.org/home-family/friends-family/info-2020/when-loved-one-dies-checklist.html?cmp=EMC-DSO-NLC-RSS---CTRL-040622-P1-6276249&ET_CID=6276249&ET_RID=19343308&encparam=U89qC6xXNGMaVgdQoO7vMg==)

*** "Allow terminally ill patients from out of state to access aid-in-dying" appears in *The Seattle Times.*** Anthropologist Anita Hannig responds to Oregon's recent decision to stop enforcing any requirement for residency in order for people to be offered medical assistance in dying in the state. No other medical decisions discriminate against patients without residency, she says, and "Washington must now follow Oregon's lead again and eliminate its residency requirement for its Death with Dignity Act." In her work, she says, she has seen the "tremendous relief an assisted death can bring." And she does not agree with those who fear that raising the residence requirement would lead to "medical tourism." *Seattle times,* 2/4, https://www.seattletimes.com/opinion/allow-terminally-ill-patients-from-out-of-state-to-access-aid-in-dying/)

* **An article in *MedCity News* explores the movement to shift care away from the hospital and offer care, more often, at home**. The article explores ways this is happening—such as home health and hospice -- and notes how healthcare may change. "We don't need to create a new way to care for sick patients at home. That's available to us right now," says the article. "We just need to fund it." (*MedCity News,* 4/3, https://medcitynews.com/2022/04/we-need-to-shift-the-center-of-the-healthcare-system-from-the-hospital-to-the-home/)

* **Canada, beginning in March 2023, will be one of the few nations to allow "medical aid in dying, or MAID, for people whose would underlying condition is depression, bipolar disorder, personality disorders, schizophrenia, PTSD and any other mental affliction." There is a deep division among leaders in the mental health field about this action.** The link below leads to an article that explores the complexities of this decision. (*National Post*, 4/4, https://nationalpost.com/health/canada-mental-illness-maid-medical-aid-in-dying)

Hospice Analytics is the national sponsor of Hospice News Network for 2022. Hospice Analytics is an information-sharing research organization whose mission is to improve hospice utilization and access to quality end-of- life care. For additional information, please call Dr. Cordt Kassner, CEO, at 719-209-1237 or see www.HospiceAnalytics.com.