End-of-Life Care in Nursing Homes: Is the Glass Half Empty or Half Full?

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End-of-life care in the United States is undergoing rapid changes. There is a shift from dying in a hospital to dying in a nursing home or assisted living and the number of individuals dying at home is also increasing. Hospices are increasingly involved in end-of-life care in nursing homes and are more willing to include individuals dying from other conditions than cancer. It can be expected that these changes would improve care at the end-of-life, but there is still some evidence that care is less than optimal.

Review of the literature regarding end-of-life care in U.S. nursing homes, published in this issue, concludes that empirical research documents poor care and that very little intervention has been published. However, the situation might not be as bleak as the summary of this review indicates. The conclusions ignore some indicators of change for better that are described in the review, and the review was overly selective in which articles were included in the analysis.

There are numerous examples of efforts to improve end-of-life care listed in the review such as development of a model to predict mortality in lower respiratory infection, reduced hospitalization in individuals included in a hospice program or having physician orders for life-sustaining treatment (POLST), increased use of advanced care plans after introduction of the Patient Self-Determination Act, advances in formulation of goals of care, and increased family satisfaction when a hospice was involved.

The review does not list some significant efforts to improve end-of-life care that could not be captured by the strategy used to retrieve articles. Some of these efforts address broader issues but affect significantly end-of-life care. An example of such an effort is measurement of pain as the fifth vital sign that emphasizes the need for careful monitoring. Another example is efforts to decrease the use of feeding tubes in nursing home residents with terminal condition such as advanced dementia and comparison of survival of pneumonia in residents treated either in a nursing home or in a hospital.

Description of a process for formulation of advanced directives for patients with dementia was also recently published. The review also suffers from limiting the articles to those studying U.S. nursing homes. Thus, an important randomized controlled trial of advanced directives performed in Canada was not included. This study documented that increased use of advanced directives reduces healthcare services utilization without affecting satisfaction or mortality. Finally, some programs that are improving end-of-life care were not mentioned because they could not be nursing home-based. These include Palliative Excellence in Alzheimer’s Care Efforts (PEACE) at the University of Chicago and Dementia Special Care Unit at E. N. Rogers Memorial Veterans Hospital in Bedford, Massachusetts.

It is important to promote research in nursing homes regarding end-of-life care because only through such a research important improvements will be documented and disseminated. However, it would be more useful to stress the areas in which advances were made rather than paint a generally negative picture, because information about existing improvements would help in designing trials that would have high probability of success.

REFERENCES


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