Hospice Use in Patients With Cancer: A Comprehensive Clinical Literature Review

Dena D. Shore, PhD, RN, OCN®, CNE

BACKGROUND: Patients with cancer, particularly those with aggressive types of cancer, can benefit from hospice care at the end of life. Providers require more information about patients with cancer who do not use hospice care. With this information, oncology nurses can provide individualized informed care to improve quality of life for patients with advanced or aggressive cancers.

OBJECTIVES: This review aims to provide an overview of research outcomes of hospice use in the United States and answer the following question: "What are the differences in hospice use among patients with cancer?"

METHODS: ProQuest Central, PubMed®, Scopus®, and CINAHL® databases were searched for articles published from 2017 to 2023. Seventeen studies were included.

FINDINGS: Despite increased use over time, hospice services are underutilized among patients with cancer in general. Disparities in hospice use were noted across different types of cancer and individuals of different races or ethnicities, among other considerations. Based on findings from this review, oncology nurses can advocate for patients to receive hospice services that provide quality end-of-life care.

KEYWORDS
hospice; palliative care; end-of-life care; underserved populations; cancer

DIGITAL OBJECT IDENTIFIER
10.1188/23.CJON.629-636

HOSPICE CARE AND PALLIATIVE CARE HAVE DISTINCT DIFFERENCES despite the terms sometimes being used interchangeably. Hospice care is a service provided for patients with a diagnosis consistent with less than six months of survival. In contrast, patients can use palliative care at any point during the diagnosis and treatment of a serious illness. Palliative care aims to provide symptom relief and management while the patient pursues active treatment for the disease, whereas hospice care aims to provide comfort and symptom relief when curative treatment is no longer attainable or desired (National Hospice and Palliative Care Organization [NHPCO], n.d.).

In 1963, Dame Cicely Mary Strode Saunders in a lecture at Yale University in New Haven, Connecticut, proposed specialized care for patients who are dying. Saunders established the first hospice center in the United Kingdom in 1967. In 1974, the first hospice center opened in the United States, with hospice care continuing to be provided since then (NHPCO, n.d.). Hospice is "considered the model for quality compassionate care for people facing a life-limiting illness . . . [and] provides expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes" (NHPCO, 2022, p. 1). Although patients are not required to have a cancer diagnosis to receive hospice care, patients with cancer are the population of focus for this review.

According to the American Cancer Society (2019), hospice care can be initiated for patients with cancer when aggressive treatment is no longer effective to control or cure disease. About 14.8% of all Medicare beneficiaries have a cancer diagnosis, which equates to more than 11.5 million people in the United States (Lam et al., 2018). When identifying specific diagnoses associated with hospice care, a cancer diagnosis accounted for only 7.5% of 1.72 million Medicare hospice beneficiaries in 2020 (NHPCO, 2022). No statistics were noted surrounding specific cancer types and hospice use in yearly data. In 2019, 435,462 people aged 65 years or older (the qualifying age for Medicare) died of cancer (Xu et al., 2021). Overall, when comparing the number of deaths from cancer to the number of individuals with cancer who were enrolled in hospice, most individuals who died from cancer did not use hospice care at the time of their death.

Purpose

The use of hospice by patients with cancer can be beneficial and improve quality of life for those with advanced-stage cancer. Thus, an integrated