

Health Politics with Dr. Mike Magee

Where is the Best Place to Die?



(NAPSA)—Have you ever thought about where you want to die? As you—and your parents—get older, it's something worth considering.



Thinking this way isn't morbid, it's practical. Careful planning can make a "good death" a more likely outcome for people and their loved ones.

A recent study published in the *Journal of the American Medical Association* (JAMA) showed that patients in the last phase of their lives are looking for comfort, respect, emotional support, information and well-coordinated care. But they don't always find these things in America's hospitals and nursing homes—where seven out of 10 patients with chronic illnesses die. That's why many patients are turning to hospice—which specializes in end-of-life care—as an alternative.

The JAMA study showed that less-than-excellent care occurred 58 percent of the time in nursing homes and 53 percent with hospitals. Unsatisfactory care was noted only 29 percent of the time with hospice care.

Satisfaction levels expressed by patients and their loved ones vary widely by site and staffing. The various sites in which people die are associated with different understandings of disease states, different types of patients, different financial circumstances and different capacities to support the

extensive needs of dying patients.

Considering all these factors, hospice care, with its holistic, family-centered approach, is most likely to provide a "good death." It includes pain relief and supportive services in a natural, comfortable setting. Begun in England in 1946, the hospice movement championed this new approach to the care of terminally ill patients, primarily with cancer. Over the years, the hospice approach has been extended to a wide variety of terminally ill patients and has spread around the globe.

It's not perfect: Insurance coverage for hospice care in the United States is still somewhat problematic for terminally ill seniors who do not have cancer. But the idea of holistic care comes closer to achieving the ideal of a "good death" than any of the current options.

We should build on that ideal and consider what's important to us in terms of dying well while we still can.

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For more information on end-of-life care or to receive a free weekly health report from Dr. Magee, visit the Web site at www.HealthPolitics.com. To watch a video about choosing the best place to die, visit www.BestPlaceToDie.HealthPolitics.com.