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# Earlier hospice urged for terminal prostate cancer

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## PALLIATIVE CARE BENEFITS

A new study shows that patients whose doctors focused on relieving suffering, rather than extending life, actually lived longer and felt better. Median survival:



Percentage depressed:



By Anne Godlasky, USA TODAY  
 Source: The New England Journal of Medicine

By Alan Mozes, HealthDay

Most American men who are dying of [prostate cancer](#) are slow to take advantage of the end-of-life services available through hospice care, new research suggests.

Although about half of such patients do turn to hospice care eventually, the study team found that most wait until the very end — often just a week or two before their death — before enrolling in a hospice program. Health care professionals, meanwhile, advise that such symptom management care begin several weeks before a patient's final days.

"It's important that we maximize quality of life when quantity of life cannot be changed," study lead author Dr. Mark Litwin, a professor of urology and public health at the [University of California, Los Angeles'](#) Jonsson Cancer Center, said in a university news release.

"Most men are being referred to hospice too late and that timing hasn't changed in the last 20 years, which is unfortunate," he added. "As cancer specialists, we should offer these patients the best quality of life that we can, and that often means offering them the best quality of death that we can give them."

Litwin and his colleagues published their observations in the Oct. 11 online edition of the *Archives of Internal Medicine*.

The authors noted that most prostate cancer patients actually end up dying from other causes, as a fatal prostate cancer diagnosis can be a slowly unfolding process. Nonetheless, about 30,000 American men do succumb to the disease each year.

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For such patients, the physical and psychosocial support offered by hospice care is designed to ease the experience of dying, rather than to prolong life.

The current look into when patients are actually accessing such assistance focused on records that covered more than 14,500 prostate cancer patients aged 66 years or older, all of whom had died from the disease between 1992 and 2005.

Of these, 53% had signed up for hospice services, often delivered at home, for a median of 24 days. More than one-fifth, however, had enrolled in the last week of life.

"Hospice stays shorter than seven days are too brief to maximize the benefit of enrollment, and individuals making shorter stays receive fewer services and benefit less from the input of the full interdisciplinary team," the study team noted in the news release. "Increasing appropriate hospice use may improve the quality of death for men at the end of life while rationalizing health care expenditures during this high-cost period."

The reason for the delay in hospice referrals, the study authors suggested, could be that physicians are not generally trained to place anything before the aim of prolonging life, and are not always good at judging how much time a patient has left.

"As doctors, we often don't want to give up. We've sworn to help our patients and a death is a failure to us," Litwin said. "But the optimization of life should be our goal. Sometimes survival is of

such poor quality that it should not be our primary goal."

The authors additionally found that men who have a spouse or partner are generally more likely to enroll in hospice care. By contrast, black men are 20% less likely to do so.

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