End-of-life care and Hospice services are underutilized in rural communities. A focus group survey to determine the attitudes, values, beliefs and practices surrounding end-of-life care identified the concerns and issues outlined below.

Attitudes towards end-of-life care
- Study participants stated that care at the end-of-life should be directed by patients. Patients' wishes should be given first priority and this was viewed as a patient’s right.
- Participants clearly recognized the need for advance directives, but they avoided using them.
- Lack of trust in the existing healthcare system and its providers is widespread in rural communities.
- There was notably more fear of the manner of death than of death itself. They feared a technological death as opposed to a good death.
- Freedom, independence, trust, honesty, the right to information and the importance of family were identified as most important values in rural communities.1

Use of hospice services by the community
Beth A Virnig and colleagues (2002) documented that the use of hospice services varied widely from community to community.

The areas with a greater use of hospice services were:
- wealthier areas
- urban areas
- areas with fewer beds per capita
- areas with higher HMO enrollment

Urban vs. Rural Areas
Urban areas had a higher rate (22.2%) of hospice use before death compared to rural areas which had a lower rate (15.2%) of hospice use before death (See Figure 1 below).

Figure 1: Urban vs. Rural: Rates of hospice use by percentage

Conclusion: Virnig and colleagues concluded that Medicare hospice payment policies and hospice volumes are the reasons for the lower usage of hospice services in rural areas. They recommended adjusting Medicare payment policies to make the hospice benefit accessible regardless of the patient’s location.2

REFERENCES

Contact Us—
VJ Periyakoil, MD
Course Director
periyakoil@stanford.edu
P: 650-493-5000 x66209
F: 650-849-0475