



Scholl Institute of Bioethics Bioethics Review

Vol 17 No 3

The Scholl Institute of Bioethics is a nonprofit, Judeo-Christian organization that addresses bioethical issues including euthanasia, physician-assisted-suicide, the withholding or withdrawing of food and water from non-dying patients, brain death, organ transplantation, genetic engineering, and the rights of disabled or mentally ill persons.

Prolife at End of Life: Redefining the Hospice Movement to Protect the Vulnerable

Author: Dr. Cristen Krebs, DNP, ANP-BC

“As you did it to one of the least of these my brethren, you did it to me” -Matthew 25:40.

Scripture reminds us that as Christians, it is our duty to care for the sick and the dying. Just as the battle to protect the unborn wages between pro life pregnancy centers and those promoting “choice”, there is another battle being waged in the shadows that requires the same awareness and education. This is the battle occurring at the other end of life’s spectrum with care of the dying.

In today’s society, care of the dying, often referred to as Hospice care, is no longer the concept of care founded in 1967 by Dame Cicely Saunders. Saunders’ model of hospice care arose from Christian conviction, pride-fully planting itself firmly upon Christian values, finding its way into the embrace of non-profit Christian organizations and churches seeking to fulfill their mission of providing care to the dying.

Unfortunately, many present day hospice agencies provide only a glimpse of Saunders’ Christian vision of end of life care. Since the inception of the Medicare Hospice Benefit in 1986, the number of hospice agencies in the United States has soared. Today there are over 5,300 hospice agencies across the nation. Hospice use has grown steadily over the past decade, with Medicare paying \$16.7 billion to hospice agencies in 2016. Additionally, 1.4 million beneficiaries received hospice care in 2016. The majority of these hospices are for-profit national companies governed

by shareholders. However, even many non-profit hospice agencies have now adopted the for-profit business model, exchanging exceptional bedside care for profit and aggressive marketing tactics. Due to limited Federal and

State oversight, hospice Medicare fraud has skyrocketed. In 2018, The Office of The Inspector General (OIG) released its extensive report on grave concerns in the Nation’s Hospice Care arena: *Vulnerabilities in the Medicare Hospice Program Affect Quality Care and Program Integrity: An OIG Portfolio*.

This report determined:

- Many hospices are not providing needed services to beneficiaries and often provide poor quality care. In some cases, hospices were not able to effectively manage symptoms or medications, leaving beneficiaries in unnecessary pain for many days.
- Medicare beneficiaries and their families/caregivers do not receive crucial information to make informed decisions about their care. This resulted in feeling pressure to “sign on” to hospice services when they were not ready and did not understand the services they were signing on for.
- Hospices’ inappropriate fraudulent billing costs Medicare hundreds of millions of dollars each year. This includes billing for an expensive level of care when the beneficiary does not need it, and signing on patients who are not appropriate for hospice or who are not terminally ill, and billing their Medicare for hospice

Good hospices are available. See the enclosed flier or our website for guidance. Schollbioethics.org

services. In many instances, hospices were caught admitting patients who were not terminally ill to their hospice services and keeping them on 3-5 years (especially nursing home residents)

- Reviews of individual hospices have found improper payments ranging from \$447,000 to \$1.2 million a year for hospice services not meeting Medicare requirements.

The concerns revealed by the OIG reflect tactics to gain financial benefit for hospice shareholders, business owners, and administrators. The patients and families suffer. Additionally, many of these hospices also promote the practice of terminal sedation. The end result: The vulnerable elderly and terminally ill are preyed upon as God is removed as the center of care, and human life devalued as a means to tremendous fraudulent profit.

A hospice is not defined by the individuals who work there, but instead by its mission and corporate culture. In 2019, hospices are NOT equal in the care delivered.

Our Nation is desperate for Pro-life Care at End of Life. Care that recreates Cicely Saunder's vision and stands firmly and solely on biblical teachings.

By upholding Catholic Church teachings on end of life, as well as many similar Evangelical and Jewish teachings, we can combat these disheartening issues within the hospice movement. For example, as stated in the Ethical and Religious Directives for Catholic Health Care Services issued by the U.S. Conference of Catholic Bishops, and in the Vatican's 1980 Declaration on Euthanasia, the Church's end of life teachings are the foundation of God-centered care of the dying. For example, all patients should be provided food and water, as nutrition and hydration are morally obligatory. All patients are eligible for feeding tubes and IV hydration as necessary for support of their comfort. Nutrition and hydration, like bathing and changing a person's position to avoid bedsores, is ordinary care that is owed to the patient. Also, special consideration must be given to painkillers that could hasten death. The use of these medications can enhance human dignity when ordered in appropriate doses and increased appropriately when necessary.

The Vatican makes clear the right to **life** for all experiencing terminal illness. The Declaration on Euthanasia encourages all faiths to live life to the fullest as God has determined without manmade restrictions. As our Lord has a passionate concern for the sick, the suffering, and the dying, the Declaration urges that those experiencing terminal illness receive the care due to

them according to Scripture, and are not preyed upon, neglected, used or offended at such a sacred time of life. The terminally ill deserve solidarity, communion and affection from those providing care.

With the legalization of physician assisted suicide in many states, physician assisted suicide legislation pending in state legislatures throughout the United States, and a rapidly expanding euthanasia movement, it is imperative to uphold a model of care for dying loved ones according to pro-life teachings.

God's word tells us, that beyond our suffering, He will revive our soul, renew our weary spirit, and reveal Himself, all to bring us everlasting life. Authentic hospice care is not "giving up" on life. Instead, hospice should encourage life to be lived free from loneliness, pain and despair, while giving an individual the opportunity to complete important life work. When facing terminal illness, all Christian faiths are called to hold sacred both the dignity of each individual and the gift of life. God is the author of all life, and death is not an end, but a new beginning into eternal life. Therefore, when choosing hospice care, uphold the teachings of your faith. Uphold *life* at end of life and help create a Pro-life Network of Care at End of Life.

7/19

Dr. Krebs is a graduate of Robert Morris University's Doctor of Nursing Practice Program with twenty eight years of commitment to care of individuals living with advanced and terminal illnesses. Certified as an Adult Nurse Practitioner, Dr. Krebs has worked in both inpatient oncology and out-patient palliative/hospice care settings. Focusing on providing patients with relief from the physical symptoms and stress a progressive illness brings, Dr. Krebs strives to improve the quality of life for both the patient and family members.

In 1997, Dr. Krebs began the first faith-based, non-profit hospice serving Pittsburgh and surrounding counties-Good Samaritan Hospice. Additionally, Dr. Krebs' vision to enhance care of the dying was the driving force for building The Good Samaritan House, the first free-standing hospice residence in southwestern Pennsylvania.

Embracing the Vatican's teachings on care for individuals with advanced and terminal illness, in May 2007, Dr. Krebs incorporated Catholic Hospice and Palliative Services, a pro-life non-profit hospice and palliative care agency in Pittsburgh, caring for all faiths while upholding the end of life teachings of Pope John Paul II.

Dr. Krebs remains dedicated to providing excellence in palliative and hospice care and spearheads education for both healthcare professionals and healthcare consumers regarding Medicare Hospice Law, Medicare Hospice Fraud and Abuse, and Hospice Patient Rights and Entitlements.