



Hospice and End-of-Life Care for Chronic Patients in an Aging Society: A Necessity for the Future

Javad Dehghannejad^{1,*} 

¹ PhD in Nursing, Educator of Nursing and Midwifery Faculty, Internal-Surgery Group, Tabriz University of Medical Sciences, Tabriz, Iran

*Corresponding author: Javad Dehghannejad, PhD in Nursing, Educator of Nursing and Midwifery Faculty, Internal-Surgery Group, Tabriz University of Medical Sciences, Tabriz, Iran. E-mail: dehghannejad.j@tbzmed.ac.ir

DOI: [10.22037/jnm.v31i1.39202](https://doi.org/10.22037/jnm.v31i1.39202)

Submitted: 28 Oct 2021

Accepted: 21 Nov 2021

Published: 15 Jan 2022

How to cite:

Dehghannejad J. Hospice and End-of-Life Care for Chronic Patients in an Aging Society: A Necessity for the Future. *Adv Nurs Midwifery*. 2021;31(1):35-36. doi: [10.22037/jnm.v31i1.39202](https://doi.org/10.22037/jnm.v31i1.39202)

Keywords:

Counseling, Sexual Function, Reproductive and Sexual Health

INTRODUCTION

End-of-life care helps all people with advanced, progressive, and incurable diseases [1]. Live in the best conditions until death and have a "Good Death" when dying [2]. Palliative care is an approach that can identify and respond to the needs of patients and their families at the end of life [3]. Nevertheless, only 37% of the countries of the world consider palliative care as a national policy [4] and according to the World Health Organization, patients that need to palliative care include cardiovascular diseases (38.5%), cancer (34%), chronic pulmonary diseases (10.3%), HIV (5.7%), and diabetes (4.6%) [5]. Palliative care is performed in a variety of models, one of these models is Hospice care [6].

Hospices provide care for people from the point at which their illness is diagnosed as terminal to the end of their life, however long that may be [7]. There is ample evidence to support a higher quality of life in hospice patients compared with terminally ill patients in the hospital setting. Numerous studies evaluating quality of end of life in settings other than the hospital show that family members are consistently more likely to report a favorable dying experience of the decedent when hospice or palliative care is chosen, compared with hospitalization [8]. It is also important to pay attention to human dignity in the hospice and Themes of dying with dignity are as follows: a human right, autonomy and independence, relieved symptom distress, respect, being human and being self, meaningful relationships, dignified treatment and care, existential satisfaction, privacy, and calm environment [9].

METHODS

One of the indicators of the development of palliative care in developed countries is the existence of hospice and Britain, Belgium, the Netherlands, and Sweden are leading the way [5] Whereas, in our country, palliative care is not provided for patients at the end of life and Basic steps have not been taken to develop palliative care models such as Hospice [10] and our country is facing an increase in aging in the future [11].

RESULTS

Most countries are facing an increase in the proportion of older people. It is predicted that Population proportion of 65 years and older increase from 9% in 2019 to 16% in 2050 in the world [12]. Iran is also moving towards an aging population due to reduced fertility, reduced mortality, and increased life expectancy. The population over 65 years old increased from 3.9% in 1957 to 6.1% in 2016 in Iran [11].

DISCUSSION

The number of chronic patients and the number of people who need end-of-life care increases with aging [13]. On the other hand, the shortage of special beds, human resources, financial and equipment in health centers has caused [5] that palliative care at the end of life is not performed in inpatient wards [14]. Also, the cost of occupying special beds by chronic patients at the end of life is much higher than the patient's hospitalization in hospices [15]. Therefore, hospice care seems necessary due to the increase in the number of

elderly people in the coming years, the lack of resources in hospitals, and the low cost of care in hospices compared to hospitals and it improves the quality of life for chronic patients at the end of life and reduces the costs for the health system, and on the other hand, it preserves human dignity for the patient at the end of life and helps to calm the family. Therefore, providing instructions in hospice care is one of the priorities in this matter and the policymakers of the health system can improve the care of chronic and elderly patients at the end of life by planning in this area.

FUNDING

The study is funded by Tabriz University of Medical Sciences.

REFERENCES

- Rumbold B, Aoun SM. Palliative and End-of-Life Care Service Models: To What Extent Are Consumer Perspectives Considered? *Healthcare* (Basel). 2021;9(10). doi: 10.3390/healthcare9101286 pmid: 34682966
- Williams DW, Quinlan CM, Reid AE. A "Good Death" for All: The Need to Teach Racially Sensitive End-of-Life Care. *J Gen Intern Med*. 2022;37(9):2306-7. doi: 10.1007/s11606-022-07489-2 pmid: 35710664
- Vanbutsele G, Pardon K, Van Belle S, Surmont V, De Laat M, Colman R. Effect of early and systematic integration of palliative care in patients with advanced cancer: a randomised controlled trial. *Lancet Oncol*. 2018;19(3):394-404. doi: 10.1016/S1470-2045(18)30060-3
- Sharkey L, Loring B, Cowan M, Riley L, Krakauer EL. National palliative care capacities around the world: Results from the World Health Organization Noncommunicable Disease Country Capacity Survey. *Palliat Med*. 2018;32(1):106-13. doi: 10.1177/0269216317716060 pmid: 28677988
- Woitha K, Garralda E, Martin-Moreno JM, Clark D, Centeno C. Ranking of Palliative Care Development in the Countries of the European Union. *J Pain Symptom Manage*. 2016;52(3):370-7. doi: 10.1016/j.jpainsymman.2016.03.008 pmid: 27287622
- Heydari H. Home-based palliative care: A missing link to patients' care in Iran. *J Hayat*. 2018;24(2):97-101.
- Hassankhani H, Rahmani A, Taleghani F, Sanaat Z, Dehghannejad J. Palliative Care Models for Cancer Patients: Learning for Planning in Nursing (Review). *J Cancer Educ*. 2020;35(1):3-13. doi: 10.1007/s13187-019-01532-3 pmid: 31020622
- Connor SR. *Hospice and palliative care: The essential guide*: Routledge 2017.
- Guo Q, Jacelon CS. An integrative review of dignity in end-of-life care. *Palliat Med*. 2014;28(7):931-40. doi: 10.1177/0269216314528399 pmid: 24685648
- Zarea K, Rassouli M, Hazrati M, Molavynjad S, Beiranvand S. Comparison of the hospice palliative care delivery systems in Iran and selected countries. *Int J Cancer Manage*. 2020;13(6). doi: 10.5812/ijcm.101635
- Mehri N, Messkoub M, Kunkel S. Trends, determinants and the implications of population aging in Iran. *Age Int*. 2020;45(4):327-43. doi: 10.1007/s12126-020-09364-z
- Nations U. *World Population Ageing 2015* (ST/ESA/SER.A/390). Department of Economic and Social Affairs. Population Division New York, NY. 2015.
- Stiel S, Krause O, Berndt CS, Ewertowski H, Muller-Mundt G, Schneider N. Caring for frail older patients in the last phase of life : Challenges for general practitioners in the integration of geriatric and palliative care. *Z Gerontol Geriatr*. 2020;53(8):763-9. doi: 10.1007/s00391-019-01668-3 pmid: 31828367
- Rassouli M, Sajjadi M. Palliative Care in Iran: Moving Toward the Development of Palliative Care for Cancer. *Am J Hosp Palliat Care*. 2016;33(3):240-4. doi: 10.1177/1049909114561856 pmid: 25492970
- Zuckerman RB, Stearns SC, Sheingold SH. Hospice Use, Hospitalization, and Medicare Spending at the End of Life. *J Gerontol B Psychol Sci Soc Sci*. 2016;71(3):569-80. doi: 10.1093/geronb/gbv109 pmid: 26655645

ETHICAL CONSIDERATION

The study is registered with IR.TBZMED.REC.1397.675 ethical code.

ACKNOWLEDGMENTS

This project was derived from the Tabriz Faculty of Nursing and Midwifery (1397.675). Hereby, the authors appreciate of all the faculty who helped us.

AUTHORS' CONTRIBUTIONS

Javad Dehghannejad, constructed an idea or hypothesis for research and/or manuscript; reviewed the literature; provided personnel, environmental and planning methodology to reach the conclusion.

CONFLICTS OF INTEREST

All author have no conflicts of interest.