



**Analysis of Live Discharge by Disease Type**  
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**Objective/ Background**

Hospice is a form of specialized, team-delivered health care at the EOL that focuses on palliative, rather than curative care. Most hospice patients are discharged from hospice care upon death, but some are discharged alive. Live discharge is when a patient involuntarily or voluntarily leaves hospice for any reason. Patients are placed on hospice when they are within the last 6 months of their life. After 6 months if the patient hasn't passed, they are discharged. This 6-month time frame is modelled after cancer patients; however, hospice patients are not only those with cancer. This model is potentially outdated and requires attention to be edited through the process of policy reform.

**Methods**

We conducted interviews and focus groups via phone call interviews of patients, their families, and hospice staff along with a review of admissions data from a large hospice provider in the Western US. I documented the lived experiences of families and providers as patients were involuntarily discharged from hospice because they no longer met the eligibility criteria of 6 months of remaining life expectancy. I grouped the families by disease type and analyzed their experience by their grouping.

**Results**

Our team found that the main three groups of patients discharged alive had renal failure, cancer, or dementia. Many of the patient's families voiced their "frustration" and the movement from hospice made them feel anxious because there wasn't a treatment plan after being discharged. Many of the frustration came when they were told their insurance wouldn't cover hospice anymore which in hindsight made them feel forced to leave hospice. These results lead to the conclusion that policy reform or other long-term options need to be sought in order to assist patients and their families during this difficult time period.

**Conclusions**

The 6-month hospice model is not suitable for all types of hospice related diseases and can cause great strain on a patient after being discharged alive. We believe that policy reform or other long-term options besides hospice for patients could lead to a more comfortable end to their disease regardless of the length of time they spend receiving end of life care. Current research will continue to look into the ethics of live discharge while also looking for better options and policy reform for hospice requirements.