



By: Renee C. Rock, Esquire, Shober & Rock

End-of-Life and Hospice Care

hospice provider to deliver the care to which he was entitled.

The landmark ruling of the U.S. Supreme Court in *Glucksberg v. Washington* (1997) encouraged individual states to engage in an “earnest and profound debate about the morality, legality, and practicality of medical aid in dying, setting the stage for the consideration of legislation at the state level.” Unfortunately for Joseph Yourshaw and his daughter, no legislation was passed for medical aid in dying in Pennsylvania.

To date, medical aid in dying is authorized only in these 11 jurisdictions: Oregon (1994), Washington (2008), Montana (2009), Vermont (2013), California (2015), Colorado (2016), Washington, DC (2017), Hawaii (2018), New Jersey (2019), Maine (2019), and New Mexico (2021). There are several other

states where the courts and the legislature are moving towards such authorizations, but Pennsylvania is not among these states as yet. An organization called “Compassion and Choices” provides a great deal of information about hospice and medical end-of-life care. This organization educates the public and assists states in efforts to update and implement end-of-life options.

Hospice is a vital end-of-life care option. The problem is that hospices vary significantly in the quality of care that they provide.

Medicare’s hospice benefit covers any reasonable and necessary care for easing the course of a terminal illness. Among the crucial requirements hospices must follow are that a patient has a right to receive effective pain management and symptom control. The hospice must

provide care that optimizes comfort and dignity, with the patient’s needs and goals as the top priority.

Many people are satisfied with their hospice care. But information has come to light of problems with some hospice providers. The U.S. Department of Health and Human Services Office of Inspector General (OIG) issued a disturbing 41-page report in 2018, finding that hospices do not always provide needed services to beneficiaries and sometimes provide poor-quality care. A more recent OIG report highlights hospice deficiencies that pose risks to Medicare beneficiaries.

When choosing a hospice, YOU should ask for recommendations from friends and family members as well as professionals. It would help if YOU also did your research to ensure that you are picking the right

provider. It is essential to be well informed about the rights of the patient and the responsibilities of hospice providers.

Here is a list of questions to ask when interviewing a hospice:

Is staff available 24 hours a day, seven days a week?

How do you ensure that patients obtain their desired level of comfort?

Who will direct the hospice patient’s care?

What education is provided for the patient and caregivers?

Will you ever override a patient’s Advance Directive? Under what circumstances?

How many patient and caregiver complaints were received in the last year? How were they resolved?

How many patients and caregivers have terminated services? What are the reasons?

Are you concerned about opiate addiction in your patients? (If the answer is yes, run, don’t walk, away from that hospice.)

One of the most important steps you can take to control your end-of-life options is to complete an Advance Directive. This legal document allows you to provide your care decisions at the end of your life and select a person who you would like to decide for you.

If YOU would like to help control the care you receive at the end of your life, please contact us to talk about an Advance Directive.

If Pennsylvania had a death-with-dignity law when Joseph Yourshaw reached the end of his life, he would have had the option to utilize it, and his wishes in his Advance Directive would have been honored.

In February 2013, Barbara Mancini was arrested in Pottsville, Pennsylvania, and charged with aiding the attempted suicide of her dying 93-year-old father, Joseph Yourshaw. Ms. Mancini, a registered nurse in Philadelphia, had handed him his prescribed morphine at his request. After Mr. Yourshaw took the morphine, his hospice nurse called 911. The hospice nurse and the police ignored Mr. Yourshaw’s written Advance Directive about the kind of care he wanted at the end of his life, and he was hospitalized and treated in defiance of his wishes. He died at a hospital four days later.

Ms. Mancini’s prosecution lasted a year, during which the case garnered national attention and was criticized in the media. The charges against Ms. Mancini were finally dismissed when a judge ruled insufficient evidence to send the case to jurors.

In the years since her arrest, Ms. Mancini has become a vocal advocate for improved end-of-life care. She believes that one of the main reasons for the ordeal that her father had to endure in his final days was the failure of his

SHOBER & ROCK

WWW.SHOBER-ROCK.COM

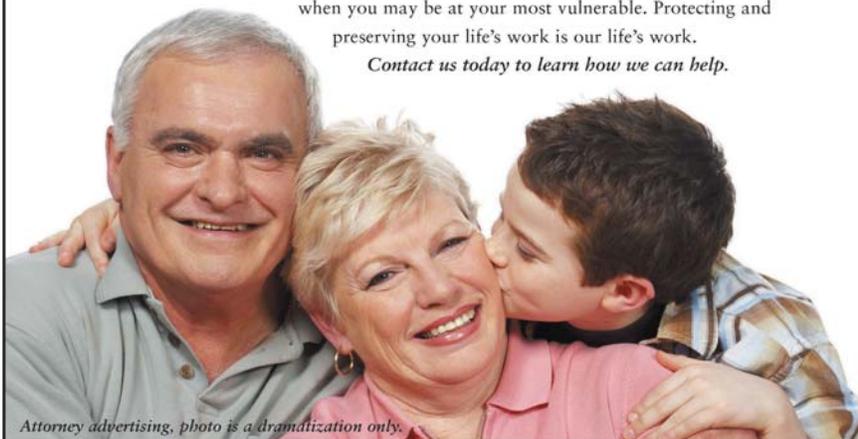
TOLL FREE: 877-ELDERONE (353-3766)

AN ELDER LAW FIRM

308 N. MAIN STREET, SUITE B400, CHALFONT, PA 18914-2733

The attorneys of Shober & Rock have years of experience helping individuals and families with the complex issues of elder law. We are here to help you prepare for and confront what may be the most complex legal hurdles of your life at a time when you may be at your most vulnerable. Protecting and preserving your life’s work is our life’s work.

Contact us today to learn how we can help.



Attorney advertising, photo is a dramatization only.

