

Hospice

Serving most of
Alabama from offices
in:

- Andalusia**
(334) 427-4000
(866) 427-4001
- Brewton**
(251) 867-6232
(877) 867-6232
- Cullman**
(256) 739-2588
(866) 739-2588
- Demopolis**
(334) 289-2106
(888) 737-9931
- Greenville**
(334) 383-9688
(866) 383-9688
- Moulton**
(256) 905-0280
(866) 383-9688
- Pelham**
(205) 663-6887
(877) 231-0321
- Rainbow City**
(256) 413-9045
(888) 413-9045
- Scottsboro**
(256) 259-0906
(877) 259-0906
- Talladega**
(256) 761-1250
(800) 761-1250

Service area equal to
a 50 mile radius from
each office

Home Health

- Serving
- Chilton County**
 - Jefferson County**
 - Shelby County**
 - Walker County**

- From two offices:
- Alabaster**
(205) 685-0421
(877) 227-3617
 - Jasper**
(205) 384-6189
(877) 384-6189

- Medicare Certified**
- Blue Cross / Blue
Shield**
 - On-Call 24/7
 - Wound-Vac®
Certified Nurses

Widowed Spouses Live Longer When Husbands Receive Hospice Care

Physicians have long known that the risk of mortality increases after the death of a spouse.^{1,2} Our emotional and social ties affect our physical health. When patients enroll in hospice, hospice provides bereavement support for family members during the illness and makes bereavement support available for up to 13 months after a patient has died. Hospice care has been associated with better emotional support and improved overall satisfaction among family members.³ Does this improved satisfaction result in improved survivability among spouses? The research says yes.⁴

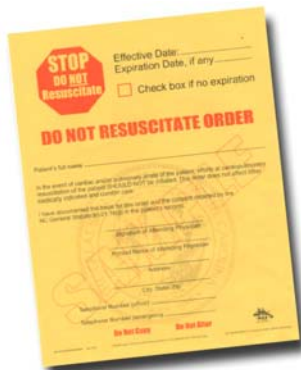
Nicholas Christakis at the Harvard School of Medicine, and colleagues, performed a retroactive cohort study of 61,676 couples. Half received hospice care and half did not. In the no-hospice group, the mortality rate of wives increased to 5.4% during the 18-month period after the loss of their husbands. Among the group of wives whose husbands had received hospice care, the mortality rate was 9.3% lower. Husbands also showed a lower mortality rate when their wives received hospice (13.7% vs. 13.2%), but the difference was only statistically significant among surviving wives.

The authors conclude that hospice care might attenuate the ordinarily increased mortality associated with becoming widowed. Bereavement over a spouse seems to be a factor in mortality risk. Physicians can positively modify the bereavement risk factor by recommending hospice care at the optimal time.



Hospice Does Not Require a DNR

Authors have previously cited confusion over DNRs as a barrier to hospice. A DNR is **not** a requirement for hospice admission. While Comfort Care staff will provide guidance and assistance with issues such as DNRs, Living Wills, and Power of Attorney, hospice patients may choose to be resuscitated.



*Please offer Comfort Care
Hospice & Home Health to your patients*

REFERENCES

1. Lillard LA, Waite LJ. 'Til death do us part: marital disruption and mortality. *Am J Sociol* 1995;100:1131-1156.
2. Martikainen P, Valkonen T. Mortality after the death of a spouse: rates and causes of death in a large Finnish cohort. *Am J Public Health* 1996;86:1087-1093.
3. Teno JM, Clarridge BR, Casey V, Welch LC, Wetle T, Shield R, et al. Family perspectives on end-of-life care at the last place of care. *JAMA*. 2004;291:88-93.
4. Christakis NA, Iwashyna TJ. The health impact of health care on families: a matched cohort study of hospice use by decedents and mortality outcomes in surviving, widowed spouses. *Soc Sci Med*. 2003;57:465-75.