People with life-limiting cancer will make decisions about their end-of-life (EOL) care at some point during their illness. Hospice is an option of care aimed at providing optimal quality of life at EOL. Nursing plays a major role in helping people transition from curative treatments or treatments that control the disease to EOL care. Choosing hospice is difficult for many patients with cancer. In addition, healthcare providers also face challenges in discussing EOL care. This article explores issues pertaining to EOL care conversations between nurses and patients and offers strategies that can be implemented by nurses to aid patients’ transition to hospice care.

Hospice Care

Hospice care is defined as an interdisciplinary approach to provide medical and nursing care, pain management, and emotional and spiritual support directed at fulfilling patients’ needs and wishes at EOL (National Hospice and Palliative Care Organization [NHPCO], 2008). Hospice care is one option for people with life-limiting cancer when curative therapy or control of the disease is no longer realistic. Hospice programs provide holistic care at EOL, with an emphasis on meeting the patient’s goals of comfort and quality of life. The hospice model of care uses an interdisciplinary approach to provide nursing, medical, social, spiritual, nutrition, volunteer, and bereavement services (Carlson, Morrison, Holford, & Bradley, 2007).

The benefits of hospice care have been documented extensively and include relief of pain (Miller, Mor, Wu, Gozalo, & Lapane, 2002; NHPCO, 2008; Owens, Simmons, Gibson, & Weeks, 2001), enhanced quality of life (McMillan & Mahon, 1994), longer survival (Connor, Pyenson, Fitch, Spence, & Iwaski, 2007), improved bereavement (Christakis & Iwashyna, 2003), and many others.