Serious life-threatening illnesses, and to their families. When carried out, discussions of prognosis can be important catalysts for later discussions of preferences for treatment and care. Unfortunately, communication about prognosis occurs with only a minority of patients with advanced cancer (Bradley, Hallemeier, et al., 2001; Wright et al., 2008). Communication about prognosis is necessary to facilitate decisions about treatment options, such as hospice and palliative care, and has been associated with significantly fewer aggressive medical interventions near death, more hospice care, and enhanced quality of life in patients and bereaved family members (Wright et al., 2008). Hospice care has been available to terminally ill patients and their families in the United States since 1982. However, only 39% of deaths occur in hospice facilities (National Hospice and Palliative Care Organization [NHPCO], 2009, 2010). Lack of communication and lack of hospice care usage result in many patients at EOL and their families being unable to experience a “good death.”

Conceptual clarity is necessary when considering EOL communications and care. EOL care encompasses care delivered in an unspecified period close to a patient’s death (Coyle, 2005). Hospice care specifically aims to ameliorate suffering that may focus on physical, spiritual, psychological, and practical concerns of dying patients and their family members; symptom management is a domain within hospice care. Hospice care is a specific benefit provided by many insurers, both public and private, and it requires a formal referral by a licensed healthcare provider (NHPCO, 2010). Palliative care more broadly is offered to patients facing serious life-threatening illnesses, and to their families (Coyle, 2005); these patients may not be imminently dying. According to the National Consensus Project for Quality Palliative Care, care planning should be based on values and needs of patients and their families and...