Religious Preference and Hospice Choice

By

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This paper will employee a database from a large hospice provider with offices in 23 states to examine the impact of religious preference on the choice of hospice decisions. Little work has been done on this issue, though we know that religion is the only social institution that specifically addresses the end of life. Our hypothesis is that certain religious groups have a predisposition against end of life interventions and will be less likely to utilize hospice. These groups would include Roman Catholics, Conservative Protestants, and Evangelical Protestants.
How would religious identity affect people’s choices?
In the groundbreaking study (1897) by Emile Durkheim’s now over a century ago, he found that being Catholic or Protestant affected weather one would be more likely to commit suicide.

- Catholic dogma against suicide makes it a deadly sin
- Protestants do not have any special theological reservations about suicide
Many religious groups in America have very dogmatic views on certain issues like abortion and the death penalty.

- The reasoning is that only God can take life.

- Although Hospice does nothing to make death happen quicker, it does cease aggressive treatments for the patient in favor for palliative care and pain care. Often this course of treatment will include a Do Not Resuscitate Order; this would allow the cessation of aggressive treatment/attempts to resuscitate in favor of allowing natural life course or death.
For some people this may look like not trying to save the life of the patient, and those that are Pro-Life may have difficulty with this perspective.
Our data comes from a large hospice organization with over 50 offices nationwide and from the survey of religious preference both done in 2013.

- Nebraska is the area we focused on due to the significant amount of data the agency had.

- The hospice data collected includes religious preference given to the hospice team by the patient themselves on admission to hospice service.

- The religious preference phone survey was conducted with 1000 respondents in the Nebraska area in the year 2013, and asked for the respondents’ religious choice.
A pool estimate was used for the population standard deviation and a z score was computed to construct the critical value that was tested.

<table>
<thead>
<tr>
<th></th>
<th>Percentage of Hospice Users</th>
<th>Percentage in NE Population*</th>
<th>Z score Statistically Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainline Prot</td>
<td>42.6%</td>
<td>19%</td>
<td>Yes</td>
</tr>
<tr>
<td>Conserv Prot</td>
<td>24.3%</td>
<td>21%</td>
<td>NO</td>
</tr>
<tr>
<td>Other Christian</td>
<td>19.2%</td>
<td>21%</td>
<td>NO</td>
</tr>
<tr>
<td>Catholic</td>
<td>13.9%</td>
<td>28%</td>
<td>Yes</td>
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</tbody>
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-To our surprise the mainline Protestant religions were the ones to have much more hospice selection than did Conservative Protestant Christians.

-To some degree this was counter to our original hypothesis and surprising that Conservative Christians had such a robust hospice choice.

-Consistent with our hypothesis we find that Catholics select hospice service far less often than their population percentage in Nebraska would predict.
How does this affect hospice care delivery for those that are in the hospice field?

- Religious choice does affect hospice participation and selection.

- We need further study to determine to what extent religious and theological ideology is affecting the perception of hospice utilization in certain areas.

- The Catholic ideology is strongly against any perceived mechanism that may hasten death; this is particularly difficult to understand from a hospice perspective.

- Knowing that hospice doesn’t hasten death or that the multitude of services provided are far from “giving up” on a patient.
Hospice organizations nationally need to do out-reach to certain faith groups to overcome the mythology of what hospice entails as a service.
In conclusion, the data gained from the hospice offices in Nebraska compared to the data from the religious preference phone survey shows that hospice selection does vary by religious preference.

For palliative medicine and hospice, reaching patients that vary in their religious identification is clearly needed by a more aggressive campaign to eliminate the myths surrounding hospice service for parishioners, clergy and some doctors.