



Featured VITAS Expert

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“Advanced Lung Disease: Prognostication and the Role of Hospice”

GOAL: To educate physicians and healthcare professionals about the medical management of advanced lung disease (ALD) and the value of advance care planning for end-of-life patients. Through a case study and review of evidence-based literature, attendees understand types of ALD, common symptom burdens associated with a poorer prognosis, hospice eligibility guidelines and pharmacologic/nonpharmacologic solutions that address pain, reduce hospital readmissions and provide patient-centered care to ALD patients and their families.

Key Takeaways:

1. Advanced lung disease (ALD) is a major reason for patient visits to primary care physicians. ADL encompasses asthma, chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, pulmonary fibrosis, sarcoidosis and cystic fibrosis.
2. Hospice is underutilized in ALD patients, even though it is the only post-acute care option that offers multiple levels of care to match patients' symptoms and preferences.
3. ALD symptoms include dyspnea, fatigue/weakness, anorexia, edema, excessive respiratory mucous production, depression, anxiety, sleep disturbances and cough, wheezing and chest tightness.
4. Determining hospice eligibility is variable. ALD patients tend to show similar decline within the last 6-12 months of life, including more frequent COPD exacerbations and healthcare visits/admissions, labored or rapid breathing (even at rest), oxygen or steroid dependency, worsening symptom burden that negatively impacts quality of life and activities of daily living, weight loss, depression/isolation, recent intubation and less effective response to medications or treatments.
5. Timely referral to hospice care reduces hospital readmissions, avoids unnecessary/invasive procedures at the end of life, manages patients' pain and symptoms, relieves burdens on families/caregivers and meets patients' preferences to die comfortably at home.

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