

1. Canadian Medical Association Code of Ethics (1868), Articles 1:1, 1:4, 2:6

1:1 - Physicians should unite tenderness with firmness, and condescension with authority, and thus inspire their patients with gratitude, respect and confidence.

1:4 - A physician should studiously avoid making gloomy prognostications, as they savour of empiricism, and magnify the importance of his services to the treatment of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs; and even to the patient himself, if absolutely necessary.

2:6 - The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink and exercise. As patients become convalescent they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse.

2. CPSO Policy #4-05 (<https://www.cpso.on.ca/uploadedFiles/policies/policies/policyitems/Consent.pdf>)

Respect for the autonomy and personal dignity of the patient is central to the provision of ethically sound patient care. Through the translation of these ethical principles to law, the Supreme Court of Canada has confirmed the fundamental right of the individual to decide which medical interventions will be accepted and which will not.

3. Questions

- Susan, 35, is diagnosed with Stage 3 breast cancer – the tumor has begun to spread, but her doctor believes that treatment options may be effective. May Susan's doctor inform her of the full nature of her illness, and its extent?
- Sam, 54, is in what the doctors believe to be the last stages of pancreatic cancer. Sam has tried every available therapy, without success, but he still holds out hope for a new development. May Sam's physician recommend hospice care, whether inpatient or at home, in order to provide better pain management and a more peaceful environment?

Two Debates and an Ethical Conundrum: Autonomy; Stress; Altruistic Deception

4. Instructions of Hippocrates

Fulfill your obligation to the patient in tranquility and for his benefit. Most matters should be withheld from the patient when you treat him. Instruct the patient in a pleasant and positive manner, but divert his mind from what is being done for him. At times you must deflect the patient's mind in a sharp manner, whereas other times you should calm his mind but without revealing to him his true condition or the prognosis.

5. Jonathan F. Will, *A Brief Historical and Theoretical Perspective*, Chest 139:6 pg. 1493

While physicians did develop a more consistent practice of obtaining patient consent in the early 20th century, the medical literature indicates that the practice was fueled more by a desire to respond to lawsuits than by a moral imperative to respect patient autonomy. In a 1911 article, physician George W. Gay suggested that "careful and explicit explanations of the nature of serious cases, together with the complications liable to arise and their probable termination,... be given to the patient ... for our own protection."...

In *Schloendorff v Society of New York Hospitals*, Justice Cardozo planted the seed for what would become the informed consent doctrine when he wrote, "Every human being of adult years and sound mind has a right to determine what shall be done with his own body; and a surgeon who performs an operation without his patient's consent commits an assault, for which he is liable in damages."

6. Ramban (13th century Spain), Torat ha'Adam, Shaar haMeichush, Inyan haSakkanah

במנין שוה ברופאים הולכין אחר חכמה ובקיאיות... מיהו אחד במקום שנים, כיון שכולן רופאים ויודעים במלאכה זו אין דבריו של יחיד במקום שנים, מ"מ במופלג מהם בחכמה חוששין לדבריו להחמיר אפילו במקום רבים...

Where the doctors are of equal numbers, we follow the more wise and expert... But where it is two versus one, since all of them are doctors and they know this craft, the position of one is nothing against the two. But where he is greater in wisdom, we are concerned for his words to be strict even against a majority...

7. Rabbi Yaakov Emden (18th century Germany), *Mor uKetziah Orach Chaim* 328 **וכן אם רופא אמר**

בחולי ומכה שבגלוי שיש לרופא ידיעה ודאית והכרה ברורה בהם, ועוסק בתרופה בדוקה וגמורה, ודאי לעולם כופין לחולה המסרב במקום סכנה

With an illness or visible wound, for which has a doctor has certain knowledge and clear understanding, and he prescribes a tested, complete treatment, we certainly compel a recalcitrant patient, if the alternative would be dangerous.

8. Rabbi Dr. Judah L. Goldberg, *Towards a Jewish Bioethic: The Case of Truth-Telling*, Tradition 43:2 (2010)

One only begins to recognize how subjective a business medicine can be when several different consultants weigh in on a given case, each with a different area of specialization, and provide fundamentally discordant accounts of what is wrong and how to fix it. Worse, they may sometimes make little effort to reconcile their collective incongruities, leaving it to the patient to make sense of his or her situation. In other words, doctors do not resolve medical uncertainty; they exacerbate it. Rather than simplify medical decisions, the involvement of a physician adds another layer of complexity, as physicians themselves constitute just another variable in the guessing game of health care.

Finally, as [Benjamin] Freedman notes, the uncertainties of medical treatment do not disappear as therapeutic options fade and death becomes inevitable; they intensify. Which aggressive, life-supporting measures should be taken, and in what context? With what cost to the patient, whether in terms of side effects, discomfort, or risk? Every step of medical care is riddled with decisions, and every medical decision entails some element of ambiguity

9. Talmud, Moed Katan 26b

חולה שמת לו מת אין מודיעין אותו שמת שמה תטרף דעתו עליו...

If a patient's relative dies, we do not inform him of the death, lest his mind be torn...

10. Talmud, Gittin 13a

דברי שכיב מרע ככתובים וכמסורין דמו

The speech of a person on his deathbed has the legal force of written and transmitted wishes.

11. Talmud, Horiyot 12a

האי מאן דבעי למיפק [לאורחא] ובעי למידע אי חזר ואתי לביתא אי לא ניקום בביתא דחברא אי חזי בבואה דבבואה לידע דהדר ואתי לביתא ולא מלתא היא דלמא חלשא דעתיה ומיתרע מזליה

One who wishes to embark [on the road], and wishes to know whether he will return home or not, should stand in a darkened house. If he sees a shadow of a shadow, he may know that he will return home. But he should not do this – he may become upset, and his *mazal* may be harmed.

12. Rabbi Yosef Karo (16th century Israel), *Shulchan Aruch Yoreh Deah* 338:1

וכל אלו הדברים אין אומרים לו בפני ע"ה, ולא בפני נשים, ולא בפני קטנים, שמה יבכו וישברו לבו.

We don't speak of all of this [deathbed confession] before the unlearned, before women or before children, lest they cry and break his heart.

13. Rabbi Moshe Feinstein (20th century USA), *Igrot Moshe Choshen Mishpat* 2:73:2

דוקא באופן שלא ידע החולה המסוכן שלפי אומדנות הרופאים א"א לרפאותו דאם ע"י זה יודע שא"א לרפאותו הרי יתבעת, שבשביל זה יש לחוש שיקרב מיתתו ויטרף דעתו שאסור בכל אופן

This [substitution] may be done only in a way that the dangerously ill patient will not know that the doctors think they cannot heal him. If this would cause him to know that they cannot heal him, he would be frightened, and this would hasten his death and his mind would be torn, which is always prohibited.

14. Rabbi Dr. Judah L. Goldberg, *Towards a Jewish Bioethic: The Case of Truth-Telling*, Tradition 43:2 (2010)

Regarding the interplay between psychology and biology, the gap between the outlook of Hazal and the perspective of contemporary medicine is multi-dimensional. First, whereas Hazal breathed and functioned in an essentially Aristotelian world that took the seamless unity of both existence and knowledge for granted, modern science operates within a fractious intellectual outlook that utterly forbids the mixing of spirit and material substance. Accordingly, while Hazal might have embraced spiritual or psychological explanations for disease, contemporary medicine insists upon organic theories. Stress as the basis for stomach ulcers has been replaced by bacterial infection; Freudian descriptions of neurosis have given way to hormonal imbalances in the brain. The same holds true for the hypothesis that any degree of mental distress can be lethal for a fragile patient. What for Hazal might have seemed intuitive to the point of obvious is at best eyed with wariness by modern medicine and at worst with derision.

15. Talmud, Yevamot 65b

וא"ר אילעא משום רבי אלעזר בר' שמעון: מותר לו לאדם לשנות בדבר השלום שנאמר "אביך צוה וגו' כה תאמרו ליוסף אנא שא נא וגו'". ר' נתן אומר מצוה שנאמר "ויאמר שמואל איך אלך ושמע שאלו והרגני וגו'". דבי רבי ישמעאל תנא גדול השלום שאף הקב"ה שינה בו דמעיקרא כתיב "ואדוני זקן" ולבסוף כתיב "ואני זקנתי".

And Rabbi Eela'a taught, citing Rabbi Elazar, son of Rabbi Shimon: One may deviate for the sake of peace, as Bereishit 50:16 states, "[Joseph's brothers said to him] Your father instructed... So shall you say to Joseph: Please forgive the sin of your brothers."

Rabbi Natan taught: It is a mitzvah, as Samuel I 16:2 says, "And Samuel said: How will I go [to anoint David]? Saul will hear and kill me!" [And Gd then told him to lie about the purpose of his trip.]

It was taught in the school of Rabbi Yishmael: "Peace is so great that even Gd lied for its sake! Initially Sarah said, "And Abraham is old (Genesis 18:2)," but Gd later reported that she had said, "And I am old. (ibid. 18:13)"

16. Talmud, Ketuvot 16b-17a

כיצד מרקדין לפני הכלה? בית שמאי אומרים: כלה כמות שהיא. ובית הלל אומרים: כלה נאה וחסודה. אמרו להן ב"ש לב"ה: הרי שהיתה חגיגתה או סומא, אומרי' לה כלה נאה וחסודה? והתורה אמרה "מדבר שקר תרחק!" אמרו להם ב"ה לב"ש: לדבריכם, מי שלקח מקח רע מן השוק ישבחנו בעיניו או יגננו בעיניו? הוי אומר ישבחנו בעיניו!

How does one dance before a bride?

The school of Shammai taught: We sing based on who the bride is.

The school of Hillel taught: We sing, "She is a pretty and pleasant bride."

The school of Shammai said to the school of Hillel: If she is lame or blind, will you still say this? The Torah says, "Distance yourself from falsehood!" The school of Hillel replied: According to you, if someone makes a bad purchase in the market, should you praise it in his eyes or insult it in his eyes? I'd say one should praise it!

17. Rabbi Moshe Isserles (16th century Poland), Responsum 11

גם דוחה לא תעשה שבתורה שהיא "לא תעשון כן לד' אלקיכם" שהיא אזהרה למוחק השם... וא"כ אומר שה"ה שדוחה לאו של מוציא שם רע, דמותר להוציא ש"ר אם כוונתו לשמים ולתכלית טוב כדי לעשות שלום...

Peace even overrides the biblical prohibition, "Do not do this to HaShem, your Gd," against erasing Gd's Name... If so, I would say that this also overrides the prohibition against producing a *bad* reputation, and one would be permitted to create a bad reputation for someone if his intent were positive, for a good cause, in order to create peace...

18. Rabbi Yom Tov El-Asvili (13th century Spain), Commentary to Ketuvot 17a

כל שהוא מפני דרכי שלום אין בו משום מדבר שקר תרחק.
If one does it for peace, there is no issue of "Distance yourself from falsehood."

19. Rabbi Yigal Shafran, *דיווח אמת לחולה*, Assia 42-43 (1987)

כיצד ניתן לומר דבר שקר והתורה אמרה מדבר שקר תרחק? וכי משום החובה שתהא הדעת מעורבת עם הבריות אפשר לעבור על צווי התורה? אלא שיש לומר שמה שהתירו בית הלל לומר כן, הינו משום שהכלה אכן יש בה צד יופי והיינו שבעיני בעלה היא יפה (וכן מבאר המהר"ל בנתיבות עולם ח"ב עמ' ר'). ועתה עומדות בפני האדם כאילו שתי אמיתויות: זו שהוא רואה בעיניו שלו מחד וזו שבה רואה את הכלה בעלה הנושא אותה מאידך. ובאשר כי חשבון יש לומר דבר מעודד לכלה, מצדדים בית הלל לומר את האמת של החתן

How could someone lie, when the Torah says, "Distance yourself from falsehood"? Does the duty to get along well with others enable violation of a biblical command? But one could say that what permitted Beit Hillel to say this is that the bride does have an aspect of beauty, or in the eyes of her husband she is beautiful (as explained by Maharal). Now, one faces two truths, as it were: That which he sees with his eyes on the one hand, and that which her husband sees in the bride he is marrying on the other. And since there is a calculus of wanting to say something positive to the bride, Beit Hillel sides with the view of relating the husband's truth.

Case 1: Informing of a serious condition

20. Melachim II 8:9-10

וַיָּבֹא וַיַּעֲמֵד לְפָנָיו וַיֹּאמֶר בְּנֵד בְּנֵד מֶלֶךְ אֲרָם שְׁלַחְנִי אֵלָיְךָ לֵאמֹר הֲאֵתְנָה מִחַיִּי זֶה: וַיֹּאמֶר אֵלָיו אֲלִישָׁע לֵךְ אִמָּר [לא] לוֹ הִיא תִּתְּנֶנּוּ וְהָרָאנִי ד' כִּי מוֹת יָמוּת:

And [Chazael] came and stood before [Elisha] and said, "Your son, Ben Haddad, King of Aram, has sent me to you, saying, 'Shall I die of this illness?'" And Elisha said to him: "Go tell him, 'You shall surely live.' But Gd has shown me that he shall surely die."

21. Midrash, Kohelet Rabbah 5:1, commenting on Melachim II 19 and Yeshayah 38

בשעה שחלה חזקיה אמר הקב"ה לישעיה: לך אמור לו "צו לביתך כי מת אתה ולא תחיה." אמר לו חזקיה לישעיה: ישעיה! בנוהג שבעולם אדם שהולך לבקר את החולה אומר לו "מן השמים ירחמו עליך" והרופא הולך אצלו ואומר לו "מילתא פלוני אכול ופלוני לא תאכל, הדין תשתה והדין לא תשתה." ואפילו שיראה אותו נטוי למות אינו אומר לו "צו לביתך" שלא יחלש דעתו. ואתה אומר לי "צו לביתך כי מת אתה ולא תחיה!"

When Chizkiyah became ill, Gd told Yeshayah: Go tell him, "Instruct your household, for you shall die, and you shall not live." Chizkiyah said to Yeshayah, "Yeshayah! Normally, one goes to look after the sick, and one says to him, 'They shall have mercy upon you from Heaven,' and the doctor goes to him and says to him, 'Eat this, don't eat that, drink this, don't drink that.' And even if one sees that he is dying, one does not say to him, 'Instruct your household,' lest he become upset. And you tell me, 'Instruct your household, for you shall die, and you shall not live!'"

22. Rabbi Betzalel Stern (20th century Hungary, Italy, Australia, Vienna, Jerusalem), B'Tzel haChochmah 2:55

לא נכון כלל להטעות את החולה להגיד לו שאין מחלתו אנושה וכי בעוד זמן קצר יחלים ויתרפא, ועוד דברים כאלה שרגילים לדבר על לב החולה להרגיעו ולהניח את דעתו. כי מאחר ובאמת אין למחלה זו תעלה בדרך הטבע, מי יודע אם יזכה להנצל. על כן אם כי יש להעלים מן החולה הידיעה שאין למחלתו תעלה בדרך הטבע, אין להטעותו במה שיוודע שמחלתו רצינית, שעי"כ יתאמץ יותר בתפלתו, יעשה את חשבון עולמו ויחשב עם קוניהו מקירות הלב.

It is not at all correct to trick the patient, telling him his illness is not serious and in a little while he will become stronger and will be healed, and such things which people generally tell a patient to calm him and settle his mind. For since there truly is no natural cure for this illness, who knows whether he will merit to be saved? Therefore, even though one should conceal from the patient the knowledge that his illness has no natural cure, one should not delude him regarding the knowledge that his illness is serious. Through this he will strengthen his prayers, make his accounting, and account with his Creator from the walls of his heart.

23. Rabbi J. David Bleich, *A Physician's Obligation with Regard to Disclosure of Information*, Medicine & Jewish Law 1

I am perfectly willing to grant her the benefit of any possible doubt... I am also willing to concede that there were no adverse physical effects in any one of those 200 patients. Having done so, I nevertheless find no contradiction in her reports to anything found in rabbinic literature... They did not contend that this result would obtain in all cases, or even in the majority of cases. They contended only that it may occur in some cases; they did not even hint at how small that minority of cases might be. All forms of inductive reasoning fall short of ultimate proof and demonstration because one cannot examine every possible case... Who knows what might happen in the case of the two-hundred-and-first patient?... In an article entitled "Should the Doctor Tell the Patient that the Disease is Cancer? Surgeon's Recommendation," Victor Gilbertsen and Owen Wangenstein advocate full disclosure... [T]hey cite statistics that, in their opinion, augur in favor of disclosure. Four percent of surgical patients who received such information became emotionally upset upon learning the nature of their affliction and remained so through the course of their illness...

Any benefit attendant upon disclosure that may be enjoyed by some patients, must be weighed against the serious harm such disclosure may cause others...

24. Talmud, Shabbat 32a

מי שחלה ונטה למות אומרים לו "התודה, שכן כל המומתין מתודין."

For one who is ill and dying, they tell him, "Admit, for thus all who are to be executed admit."

25. Rabbi Yosef Karo (16th century Israel), Shulchan Aruch Yoreh Deah 338:1

נטה למות, אומרים לו: התודה, ואומרים לו: הרבה התודו ולא מתו, והרבה שלא התודו, מתו, ובשכר שאתה מתודה אתה חי, וכל המתודה יש לו חלק לעולם הבא.

For one who is dying, they tell him, "Admit." And they say to him, "Many have admitted and not died, and many have not admitted and have died. As reward for admitting, you shall live. And all who admit have a portion in the next world."

26. Talmud, Gittin 70a

אמר שמואל האי מאן דמחו ליה באלונכי דפרסאי מיחייא לא חיי. אדהכי והכי ניספו ליה בשרא שמינא אגומרי, וחמרא חייא, אפשר דחיי פורתא ומפקיד אביתיה.

Shemuel said: If someone is struck with Persian [poison-tipped] lances, he will not live. At this point, give him rich meat barbecued on coals, and undiluted wine, and perhaps he will live a bit and instruct his household.

27. Rabbi Dr. Avraham Sofer Abraham (21st century Israel), Nishmat Avraham Yoreh Deah 338:4

אך היום למעשה קשה מאד להסתיר מחולה סרטן את טיב מחלתו, ובמיוחד שרובם מקבלים טיפול ע"י הקרנות וכימותרפיה או שמטופל במחלקה או מרפאה אונקולוגית. יותר מזה, ב"ה אחוזי ההצלחה בטיפול בחולים אלה הולך וגדל ובהרבה מקרים ניתן, לא רק להאריך חיי החולה, אלא גם להביא להחלמה שלמה ממחלתו, ואם לא מגלים לחולה באופן ישיר את טיב מחלתו יחד עם כל התקווה שיש בטיפולו, הוא ודאי יחשוב על מצבו על הצד הגרוע ביותר, ואדרבא האידיעה, ויותר גרוע, הידיעה הלא נכונה והמוטעת, תביא אותו ליאוש ולשברון הלב. לעומת זאת, כשמספרים לו על מחלתו, הוא יכול לגלות לרופא את מחשבותיו ופחדיו, ובשיחות גלויות אפשר בהחלט לעודד אותו וליתן לו את התמיכה הנפשית אשר כה חשובה והכרחית.

But today it is very hard to hide from a cancer patient the nature of his illness, and especially as most of them are treated via radiation and chemotherapy, or in an oncology unit or clinic. Further, thank Gd the success rate for treating these patients is increasing, and in many cases they can not only extend the patient's life, but actually completely cure his illness. And if they don't directly inform the patient of the nature of his illness, along with the hope of his treatment, he will certainly think the worst of his situation. Just the opposite, lack of knowledge, and worse, wrong and deluded knowledge, will bring him to despair and depression. On the other hand, when they tell him of his illness he will be able to reveal to the doctor his thoughts and fears, and in open conversation it will be possible to encourage him and give him the emotional support which is so important and necessary.

28. Rabbi Yigal Shafran, **דיווח אמת לחולה**, Assia 42-43 (1987)

יש לראות כי ביסודה עומדת למעשה אך טובת החולה וההתחשבות במצבו. משמעותה של עובדה זו היא שאם יוצר מצב או מציאות שטובת החולה תאמר דווקא את ההפך, כלומר אדרבה: לספר לחולה את מצבו, שבכך ייטב לו יותר, נראה ברור שנעדיף לומר לו את האמת...

One should realize that at its foundation [of the recommendation not to tell] is only the good of the patient and consideration of his situation. The import of this fact is that if there were to be a situation or case in which the good of the patient dictated the opposite, meaning on the contrary to tell the patient of his condition, for this would help him more, then it would appear clear that we would prefer to tell him the truth...

29. Rabbi Yosef Karo (16th century Israel), Shulchan Aruch Orach Chaim 330:1

יולדת היא כחולה שיש בו סכנה ומחללין עליה השבת לכל מה שצריכה... ומדליקין לה נר אפי' היא סומא

A woman who is giving birth is like a dangerously ill patient, and we violate Shabbat for any of her needs... And we light a lamp for her, even if she is blind.

30. Rabbi J. David Bleich, *A Physician's Obligation with Regard to Disclosure of Information*, Medicine & Jewish Law 1

Nevertheless, in the real world there certainly are exceptions. First, an exception must be admitted in a situation in which disclosure is necessary in order to secure the cooperation of a patient in his treatment. Second, there are situations in which the patient is bound to discover the truth and he may learn the nature of his illness in circumstances that will cause greater harm...

Case 2: Hospice

31. Rabbi Dr. Avraham Sofer Abraham (21st century Israel), Nishmat Avraham Yoreh Deah 338:4

אך אם האבחנה נעשתה מאוחר כשהמחלה היא בשלב מתקדם ואין מקום לטיפול במחלה עצמה ורק ינתן טיפול תמיכתי להפחית ככל האפשר מסבלו של החולה, אז נ"ל שודאי אין מקום, ברוב רובם של המקרים, לגלות לחולה את מצבו או את טיב מחלתו, אך כמובן צריכים להודיע לבני משפחתו הקרובים אליו.

But if the diagnosis is made later, when the illness is at an advanced stage and there is no room for treatment, and all that will be given is supportive care to reduce as much as possible the patient's suffering, then it appears to me that certainly, in the great majority of cases, there is no reason to reveal to the patient his condition or the nature of his illness. But of course, one must inform his close family.

32. Rabbi Moshe Feinstein (20th century USA), Igrot Moshe Choshen Mishpat 2:75:6

מחוייבין להתעסק בו וליתן לו מה שטוב לפניו יותר לפי מצבו אף שאין יודעים לרפאות ממש וגם לא להקל, וגם אף רק שלא יתייאש החולה מוכרחין ומחוייבין להתעסק בו וליתן לו מה שטוב לפניו יותר לפי מצבו...

They are obligated to treat him and do whatever is best for his situation, even though they do not know how to actually heal him, or even to ease things. And even if it is only that the patient not despair, they are required and obligated to treat him and to give him whatever is good for him, based on his condition...

33. Dr. Edward Burns, Hospice Care, J. of Halachah and Contemporary Society Vol. 69 (2015)

As to the concern of not telling the patient, in my experience, that situation is usually a fiction created by the family with good intentions, as they try to save the patient from depression. In reality, when someone is racked with pain, is losing weight rapidly, and is too weak to perform everyday tasks, they know absolutely that something is terribly wrong. It may be much more kind to inform the patient and then make his or her remaining time more meaningful with expressions of sympathy and love, having friends visit to comfort. It enables one to confront the real problems of the terminally ill such as pain relief and non-specific terror that they experience from not knowing why they are so sick. In addition, knowing their diagnosis allows them to become meaningfully involved in future planning, such as creating or updating wills and making their wishes known to spouse and children. It is important to realize, however, that telling or not telling a patient the truth about their condition is a halachic question that needs to be discussed with a competent rabbinic advisor.

34. Hospice Toronto, <http://hospicetoronto.ca/myths-about-hospice/>

Truth: With hospice, the miracle isn't in the cure... it's in the caring. Clients get substantial relief from pain and other symptoms their family members and friends get relief and support from hospice care givers. Hospice care allows clients to choose how to spend their final weeks or months of life. Ensuring this kind of control allows our clients to spend quality time with loved ones, and have a meaningful, dignified and peaceful end of life.

35. Omnicare Hospice, <http://omnicarehospice.com/does-hospice-mean-the-end/>

DOES HOSPICE MEAN YOU'RE GOING TO DIE? The short answer to this question is no. In order to qualify for hospice care, your loved one must have received a prognosis of life expectancy of six months or less from their doctor. This doesn't mean they are going to die in that time. It just means the doctor feels they could possibly pass away within six months... It's important to mention here that sometimes hospice patients enter and leave hospice care as their health improves or declines.

36. Omnicare Hospice, <http://omnicarehospice.com/discharge-hospice-patient-survives/>

Many patients who receive hospice care are expected to die soon. But research shows that many people now survive hospices. It's not uncommon for patients in hospice care to get better. Miracles can and do happen. Entering hospice care no longer means that your life expectancy is short. There is life after hospice. According to the Centers for Medicare & Medicaid Services (CMS), in 2014 about 1.3 million patients received hospice care. Although 29% had a diagnosis of cancer, the remaining 71% had other life-limiting diseases. Of all patients, 11% were live discharges. Thirteen percent survived the 6 month period. On average, the length of time patients receive hospice care is 70 days. It's not surprising that people survive hospice care. Doctors have great difficulty in predicting when a person will die from a life-threatening disease.