

CBD for Hospice Patients: Does It Help?

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Every day someone dies in hospitals or nursing homes. Patients deserve to have the best options and quality of life before passing. The feeling of empowerment and comfort is given to the patient when they can choose to pass away at home or in a hospital. Other choices, such as palliative care and hospice, can be connected to enjoy a higher quality of life before the individual dies.

Palliative Care

Palliative care aims to provide comfort for a terminally ill person, as well as services. The care can start anytime, but is most effective at the point of diagnosis.

Anyone living with a severe terminal illness can inquire about palliative care. These illnesses can include cancer, heart failure, Parkinson's disease, dementia, chronic obstructive pulmonary disease, and much more. Palliative care is available at any stage of the illness.

Palliative care gives patients options and choices in their treatment plans. It is also helpful to an older person who may be experiencing discomfort and disability toward the end of life. The palliative care team has many facets and works with the family, patient, doctors, to provide emotional and practical support.

When entering palliative care, the patient can do so through a hospital, home, residence, nursing home, palliative clinic, or other specialized units. If the doctor believes the patient will die within six months, they qualify for hospice transition. The palliative team also enhances comfort care.

Hospice

There comes a time when an illness cannot be cured and the patient decides not to continue or undergo further treatments. Hospice is reserved for these occurrences.

Hospice provides support, while the family and friends provide day-to-day care of the patient dying at home. The hospice team assists family members in caring for the dying loved one and will provide respite care when the caregivers need a break.

Hospice has become an option of choice for many because it allows them to be around family and friends in their own home. Hospice care also goes to the individual's nursing home, assisted living facility or inpatient hospital.

Medicare has broken down hospice into four distinct levels. Each time period depends on the progression of the condition in the patient. These levels can each take a few days to several weeks.

Level 1

The first level is routine home care, which includes nursing services, physician participation, social services, home health aide, counseling, medical supplies and equipment, diagnosis studies and therapy.

Level 2

The second level is continuous home care. The nurse will remain in the home of the patient anywhere from eight to 24 hours a day. The patient's symptoms can include pain, nausea, anxiety or a breakdown in the support system.

Level 3

Under level three is general inpatient care. Indications can be extreme enough that individuals may not get the proper care at home or may choose to get treatment at an inpatient facility. The same signs that require continuous care exist, yet the treatment setting may be different. Nurses are available 24/7 to administer medications, treatments, reassurance, comfort and emotional support.

Level 4

Level four is respite care and is for the family rather than the patient. The family may need encouragement when dealing with the illness as they go through their own pain. In addition, they may feel that they cannot meet the needs of their loved one. Respite gives a break to those in caregivers in need. The fourth level last five-days, and once complete, the patient returns home.

Cannabinoids (CBD) for Palliative and Hospice

Clinicians in the palliative care specialty are fighting for symptom control with medications and therapies. All this is to relieve the suffering of the patient. The treatment plans and outcomes are essential for integrative medicine in hospice and palliative care. Integrative medicine coincides with deep tissue massage, acupuncture, aromatherapy, chiropractic, and alternative care healings.

Although the research may not be sufficient for a particular therapy, as long as the remedy brings relief to the patient it is worthwhile. Cannabis is one such therapy that flies under the radar as a useful alternative. The literature review on marijuana use exclusively in the hospice or palliative care patient populations is compelling.

There are 189 articles on PubMed with the search criteria of palliative or hospice and cannabis or marijuana, with 110 studies in 2015 alone. Although the documented research appears to be recent, there is a long history of the use and effects of cannabinoids in palliative care. According to the U.S. Library of Medicine, National Institute of Health publication "Cannabinoids in palliative care: Systematic review and meta-analysis of efficacy, tolerability and safety" by investigators, Drs. Mucke, Carter, Cuhis, et. al., "Cannabinoids have multiple medical indications in palliative care, such as relief of pain or nausea or increase of appetite and weight stabilization."

While the medical, political, and legal systems play catch-up, patients themselves support the use of CBD and herbs grown by themselves, caregivers, or local artisans while in hospice or palliative care. However, integrating CBD into palliative care is complicated. Many times the assimilation slams head-on with stifling conflicting regulations, lingering stigma, research barriers, and product scarcity. Although there are documents and evidence that demonstrates this should not be the case for cannabinoids.

The use of CBD can help with muscle spasm, pain, persistent nausea, and cachexia. Cachexia is a condition that results in muscle deterioration and quick weight loss in such diseases as cancer, chronic renal failure, HIV and multiple sclerosis.

Cannabis shows efficacy for numerous symptoms. These include cancer pain, nausea, or vomiting after chemotherapy, stimulation of appetite, patient weight gain in patients living with HIV.

A study conducted in Haifa, Israel, shows that patients using cannabis for cancer-related or anticancer indications greatly improved their debilitating symptoms. These included nausea, vomiting, fatigue, weight loss, mood disorders, anorexia, constipation, sleep disorder, sexual function, sleep disorders, and pain. After eight weeks, primary results verified a reduction in opioid pain medication doses in 31 of the 70 patients from the start of the study. In addition, there was an established reduction in the use of antidepressant or anxiety drugs in one-third of the patients taking these agents. Aside from memory loss, no other significant side effects were reported.

Common among palliative care hospice patients are the symptoms of anxiety, stress, and depression. Patients may subscribe to CBD as a benefit to counter these symptoms. Double-blind, placebo-controlled studies are inconclusive. Nevertheless, those who use CBD have a lower degree of stress and anxiety.

Those patients that use cannabis for their suffering in end-of-life-care report a spiritual effect. CBD can play an essential therapeutic role for people facing death by reducing the psychological trauma that terminal cancer diagnoses, as well as invasive treatments, can cause the patient. Cannabis unites spiritual traditions with spiritual growth and plays a vital role for a peaceful death. Integrating CBD into palliative care will improve overall quality of life, and further reduce stress and suffering so patients can experience some tranquility while facing a terminal illness.