

This article was published on November 8, 2025, at [NEJM.org](https://www.nejm.org).

1. National Academies of Sciences, Engineering, and Medicine. Launching lifelong health by improving health care for children, youth, and families. Washington, DC: National Academies Press, 2024 (<https://nap.nationalacademies.org/catalog/27835/launching-lifelong-health-by-improving-health-care-for-children-youth-and-families>).

2. National Academies of Sciences, Engineering, and Medicine. Reducing intergenerational poverty. Washington, DC: National Academies Press, 2024 (<https://nap.nationalacademies.org/catalog/27058/reducing-intergenerational-poverty>).

3. Landrigan PJ, Etzel RA, eds. Textbook of children's environmental health. New York: Oxford University Press, 2014.

4. National Research Council Institute of Medicine. From neurons to neighborhoods: the

science of early childhood development. Washington, DC: National Academies Press, 2000 (<https://nap.nationalacademies.org/catalog/9824/from-neurons-to-neighborhoods-the-science-of-early-childhood-development>).

5. Cheng TL, Monteiro N, DiMeglio LA, et al. Seven great achievements in pediatric research in the past 40 y. *Pediatr Res* 2016;80:330-7.

DOI: 10.1056/NEJMp2509513

Copyright © 2025 Massachusetts Medical Society.

What Is Hospice?

Teva D. Brender, M.D.¹

What is hospice? the patient asks, looking in the direction of the TV he is not watching. The eldest son sits in a chair on the bed's port side, his face previously inscrutable, a portrait of stern fortitude this past week, now cracking beneath the strain of reality, uncertainty, and subacute sleep deprivation. The teenage daughter sets down Adam Smith's *The Wealth of Nations* a summer reading assignment? Only she makes piercing, unbroken eye contact.

Hospice is a service, but it's really a philosophy, I begin. When someone is near the end of life, when they have less than 6 months to live, they can choose to focus on comfort rather than curing or treating their disease. The goal of hospice is to manage symptoms and improve the quality of the life you have left. Hospice programs include doctors, nurses, social workers, and counselors. They guide you and your family through the dying process physically, emotionally, spiritually. *This is what I say*, reciting the spiel a senior resident once gave to me and that had been imparted to her a few years earlier, passed down to each successive cohort of interns by the residents who preceded them.

The family is lost, adrift, casting about for terra firma in a temperamental sea. Their captain, the oncologist, has finally said that chemotherapy is no longer an option. The patient cannot take it anymore. He's not eating, he's not sleeping, or else all he does is sleep. There's the pain, the itching, the nausea. And yet. Hospice sounds like loss, surrender, defeat, the end. He's a fighter, afraid but not ready to give up, not ready to go. Hospice is a four-letter word.

This is what none of us say. Hospice is the menacing leviathan that has haunted the troubled waters of every family meeting we have held these past 7 days. An insidious presence lurking just below the surface.

I know that you are uncomfortable. I can see you're scared and aren't sure what to do, I continue. I want to assure you that if you choose hospice, it doesn't mean you're giving up.

This is what I think but do not say. For patients, hospice is respite no more beeping monitors and shrieking alarms, no more poking around for parched veins. For me, too, it's relief there will be no shocks, no chest compressions, no endotracheal tubes, no ventilators; no blood, no broken ribs, no shell-

shocked debriefs, no tears in the breakroom. Hospice is bittersweet. But in a health care system that places very few limits on life-sustaining treatments, it is blessedly, prudently restraint.

Hospice is a disposition, but never *the* disposition. This man's cancer is unrelenting. He will not be one of the patients who fatefully, stubbornly, sometimes (in their own view) regrettably defy the odds and graduate from hospice. But maybe he could be one of the patients who enter hospice care and live long enough to attend that last wedding, anniversary celebration, or high school graduation.

This is a really difficult decision, I say. I'll give you time to talk it over with your family.

In our training, we learn the basics. Hospice is morphine for pain and air hunger, lorazepam for anxiety, haloperidol for agitation, glycopyrrolate for secretions. Frequently, hospice is a nursing facility. Other times, it's the hospital penthouse the 15th floor and the incredible nurses who staff the comfort care suite. Sometimes, hospice is home.

I really learned what hospice is when Papa Jim, my wife's grandfather, enrolled after the oncologist

finally said that chemotherapy was no longer an option.

It turned out that hospice is a plastic bag filled with syringes on the breakfast counter. It's snacks and leftover Chinese food because no one feels like cooking. It's the schedule of medications pinned to the refrigerator door right next to holiday cards, a calendar with now unnecessary doctors' appointments, and the grandchildren's graduation pictures.

Hospice is Papa Jim's daughter-in-law making last-minute travel arrangements. It is two queen beds at a two-and-a-half-star hotel. It's taking the night shift and afternoon naps on the couch. It's a mid-century Craftsman-style home without air conditioning on a 100-degree day. It's cool washcloths and twice-daily trips to the grocery store for more ice.

Hospice is unbearable questions with impossible answers:

Is he choking? asks someone.

No, that's normal at the end of life, I say. You don't need to worry, he isn't struggling to breathe.

Am I killing him? asks his daughter. I feel like the next dose is going to kill him!

No, morphine doesn't speed up the dying process, I console her. You're doing the right thing, a good thing, by taking away his pain.

Can he hear us? asks his wife.

He's not conscious, I reassure her. But I think on a deeper, spiritual level he knows we're here. He can feel our presence, and he's comforted by the sound of your voice.

Has his breathing slowed? asks his son.

It's tough to say, I admit.

What does it mean that the pulse oximeter is reading 67%? asks everyone.

It means it probably won't be much longer now, I solemnly reply.

Hospice is my wife dusting off old photo albums, spreading their contents on the kitchen table looking for the snapshot she loves. In it, Papa Jim is young, strong, handsome. Tearing off his wetsuit, smile radiant, chest muscled, skin



bronzed—a product of blissful Baja California summers rather than the malevolent lymphocytes now infiltrating his liver—he exudes vigor and life. Hospice is laughter, memories, family. It is tears, shoulders to cry on, a Zach Bryan album as accompaniment to long drives back to the city, best friends who always pick up the phone.

Hospice is the rotating crew keeping an unbroken vigil. It is our normally incorrigible dog, suddenly turned model citizen, resting his muzzle on Papa Jim's bed. It's escape when the heat and grief become too oppressive. It's a light Mexican lager with lime, as we listen to the eldest grandson recount old fishing stories while

we take a dip in the pool under the unrelenting sun. It is, at long last, land in sight. It is safe harbor after an arduous journey.

Yet here, now, my patient is adamant—his months-long hospitalization hasn't broken his fighting spirit. He is going home: he's scheduled to meet with his oncologist next week, and he isn't going to miss it. On the day of discharge, he lets me know that if our paths ever cross outside the hospital, there's a *cerveza* with my name on it.

So what is hospice? Although the standard script I now faithfully pass along to my trainees isn't inaccurate, hospice is infinitely more complicated than any re-tread boilerplate. Perhaps it's simpler and more honest to say: hospice is always sad; if all goes well, painless; and sometimes, heartbreakingly beautiful.

My patient and I never get to share that beer; he doesn't make it to that oncology appointment. Several nights later, he's back in the emergency department dehydrated, febrile, and nearly obtunded. He makes a slow recovery. May stretches into June. The PGY-1s become PGY-2s, and as a fresh crop of interns rotate on service, we prepare for another family meeting.

Identifying details have been changed to protect the patient's and family's privacy.

Disclosure forms provided by the author are available at NEJM.org.

¹Department of Medicine, University of California, San Francisco, San Francisco.

This article was published on November 8, 2025, at NEJM.org.

DOI: 10.1056/NEJMp2505351

Copyright © 2025 Massachusetts Medical Society.