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**LIVE HOSPICE DISCHARGE: A CRITICAL ANALYSIS ABOUT THE ETHICS OF  
ENDING HOSPICE CARE FOR TERMINAL PATIENTS**

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Hospice is a form of health care delivered at the end of life that has palliative, rather than curative goals. Because Medicare benefits are often used to cover the expenses of hospice, if a patient is deemed ineligible for the hospice Medicare benefit, they may be forced to end their care if they cannot pay out of pocket. Hospice is limited to those who have a six-month life expectancy, meaning patients become ineligible if they no longer have 6 or fewer months of expected life remaining. This is called involuntary hospice discharge. The objective of this project is to examine how involuntary hospice discharge policies promote or impede a patient-centered model of care. Because hospice eligibility is based on a cancer model, in which the timeline for death is predictable, patients with other diagnoses are more likely to experience involuntary hospice discharge. The disparities in distribution of involuntary hospice discharge suggest that current policy does not uphold justice and equity for patients who fall outside the cancer model. Additionally, patient created care plans may be undermined by involuntary hospice discharge policies, suggesting that patients' autonomy is limited by existing policies. This paper will use Local Coverage Determinations data created by the Centers for Medicare and Medicaid to evaluate differences in health outcomes for hospice patients with different diagnoses. In addition, interviews with hospice staff and patients' families will be used to examine how the values of justice, equity, and autonomy are applied to patients not considered in the cancer model. Analysis using these methods indicates that dementia patients are most likely to experience an involuntary hospice discharge and patient families were likely to express a continued need for hospice after involuntary discharge, suggesting that the burdens of discharge policy unjustly impact dementia patients and that patient choice for continued care is being overridden by discharge policy.