

Should We Expand Hospice Care During Cancer Treatment?

A study suggests offering hospice care concurrently with chemotherapy or radiation does not raise costs.

April 3, 2019 By [Casey Halter](#)

Expanding access to hospice care for cancer patients undergoing treatment could save money and improve the quality of end-of-life care, according to a groundbreaking new study among Veterans Administration (VA) patients, [Medpage Today reports](#).

Published in the latest issue of JAMA Oncology, the findings bolster advocates' arguments that allowing people to access hospice care and cancer treatment simultaneously is not only more humane but also more cost-effective. Doing so eliminates the difficult choice many terminal cancer patients must make at the end of their lives: whether to give up treatment entirely in order to be eligible for hospice care?

For the study, researchers at Brown University School of Public Health in Providence, Rhode Island, examined the medical records of 13,085 cancer patients enrolled in 113 VA medical centers across the country. All patients were diagnosed with Stage IV non-small-cell lung cancer between 2006 and 2012. As is common among VA populations, 98 percent were men; most were white; and 46 percent were over age 65. Each received varying degrees of concurrent cancer treatment and hospice care—which researchers compared with overall treatment costs and types.

Ultimately, they found that the cost of treating veterans who also had expanded access to hospice care was significantly less than those with less access to hospice providers. They also found that veterans with the greatest access to hospice care in the study were about one third as likely to receive “aggressive care” within six months of their diagnosis—defined as having two or more hospital admissions within 30 days of one another, tube feeding, mechanical ventilation and/or admission to the intensive care unit. Interestingly, survival odds between these patients were not statistically significantly different, regardless of the treatments they received, study authors noted.

“The substantial reduction in health care costs suggests that the investment in hospice care that the VA made paid off and probably continues to pay off without restricting access to irradiation and chemotherapy,” the researchers said. In an accompanying editorial to the study, Tracy Balboni, MD, of the Dana-Farber Cancer Institute in Boston added that the VA’s model may

ultimately help improve the quality of end-of-life care while also reducing overall treatment costs for terminal cancer patients.

To learn more about the difficult choice between hospice and treatment that many cancer patients must face, [click here](#).

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