# Palliative Care and Hospice Poll Reveals Major Gaps

Many older adults don't know much about care options for serious illnesses, but express interest once they're explained.

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A poll reveals large gaps in older adults' knowledge about two types of care that could help them or their loved ones cope with a major illness or the end of life: palliative care and hospice.

Just over a third (36%) of people age 50 and over say they know something about palliative care, while the rest (64%) say they know very little or not much at all, according to findings from the University of Michigan National Poll on Healthy Aging.

A higher percentage of older adults said they know something about hospice care, with 68% saying they know something about this form of end-of-life care that emphasizes comfort, pain relief and dignity.

But 32% said they know very little or not much at all about hospice care.

Palliative care is type of care for patients living with a serious, incurable illness (such as congestive heart failure, advanced dementia or cancer) that aims to help a person live as well as they can with their illness by focusing on symptom control, psychosocial support and advance care planning.

Hospice is a form of palliative care for those patients with a serious illness who have reached the terminal stages of a disease and who have opted to focus on comfort rather than disease-specific treatment such as chemotherapy or dialysis.

But patients whose conditions aren't yet terminal can receive palliative care, to increase comfort and reduce stress even while they also receive treatment to cure or manage their illness.

After gauging general awareness, the poll described both kinds of care to respondents age 50 and over across the United States, then asked how interested they would be in receiving these types of care should they need them.

After receiving a definition of both types of care, 84% of older adults said they'd be interested in receiving palliative care if they had a serious illness, and 85% expressed interest in receiving

hospice care if they were dying.

## Demographic differences

Beyond the overall lack of knowledge about two rapidly growing types of care, the poll reveals differences in understanding and interest by race, ethnicity, gender, education, income and previous knowledge.

White and Asian-American older adults were nearly twice as likely as Black or Hispanic older adults to know something or a lot about palliative care (40%, 36% vs. 21%, 22% respectively.)

Awareness of hospice differed too, with both Black (52%) and Asian American (53%) respondents far less likely than white adults (72%) or Hispanic adults (68%) to know something about the end-of-life option.

Explaining hospice and palliative care even briefly appeared to make a difference.

Those expressing interest in palliative care included 79% of those who'd said they didn't know about it when they were first asked. Those expressing interest in hospice care included 75% of those who'd said they didn't know about hospice when first asked.

Among those who had said they knew about palliative care before taking the poll, 92% said they'd be interested in receiving palliative care if they had a serious illness.

And 89% of those who had known about hospice before taking the poll said they'd be interested in receiving hospice care if they were dying.

Still, gaps persisted, with women and those with higher levels of education or household income more likely to be very interested in both types of care, compared with men and with those whose formal education ended before a bachelor's degree, or have household incomes under $60,000.

"We clearly have our work cut out for us to increase understanding of both these types of care, but especially palliative care," said Adam Marks, MD, MPH, a physician specializing in palliative care at U-M Health who also works as a hospice physician with a southeast Michigan hospice provider.

"As more hospitals, cancer centers and other health care locations increase the availability of palliative care, it's important for everyone to know that if their care team mentions this type of care, it's not a sign that they're 'giving up' on treatment. Rather, palliative care providers can be a standard part of their care team to address the symptoms of serious illness and the side effects of treatment," added Marks, who is a clinical professor of internal medicine at the U-M Medical School.

"And as more hospice providers offer care to people with more diagnoses at the end of life, it's important for older adults to know it can be an option for them."

Primary care providers and specialists should also be aware of the gaps in knowledge that their

patients might have, especially those coping with an illness or a treatment side effect that causes pain, nausea, sleep problems, constipation, fatigue, shortness of breath or loss of appetite, said poll director Jeffrey Kullgren, MD, MPH, MS.

“Doctors, nurse practitioners and other providers may find themselves recommending these options to their patients, but our poll findings suggest that such conversations should perhaps start by gauging their level of awareness and knowledge, and offering definitions and descriptions before asking how they’d like to proceed,” said Kullgren, who practices at the VA Ann Arbor Healthcare System and is an associate professor of internal medicine at the U-M Medical School.

The poll is supported by Michigan Medicine, U-M’s academic medical center that includes both U-M Health and the Medical School. It’s based at the U-M Institute for Healthcare Policy and Innovation, of which Marks and Kullgren are both members. The Michigan-specific findings are made possible by support from the Michigan Health Endowment Fund.

## Michigan-specific findings

In addition to the national findings, the poll team also analyzed data from adults age 50 and older in Michigan for the Michigan Poll on Healthy Aging. They compared the results with data from older adults in the rest of the country.

In all, 33% of older Michiganders were aware of palliative care, about the same as the national percentage, leaving 67% saying they knew little or nothing about it.

But after being given the definition of palliative care, 79% of Michiganders were interested in receiving palliative care if they had a serious illness, compared with 84% of older adults in the rest of the country.

Michiganders were as likely as those in the rest of the U.S. to know about (68%) and be interested in (82%) hospice care. However, there was a sizable gap in hospice interest between Black Michiganders (70%) and white Michiganders (84%).

Urban residents in Michigan showed lower interest in hospice care than suburban and rural residents (73% vs. 84%).

Just as with the national data, Michiganders with a bachelor’s degree or higher, and those with household incomes over $60,000 were more likely to be very interested in receiving hospice care if they were dying.

## Definitions used in the poll

Palliative care is the treatment of the discomfort, symptoms, and stress of serious illness.

It provides relief from distressing symptoms including pain, shortness of breath, fatigue, constipation, nausea, loss of appetite and problems with sleep. It can also help you deal with the side effects of the medical treatments you’re receiving.

Hospice care, at the end of life, always includes palliative care.

A team of health care professionals and volunteers provides it.

They give medical, psychological, and spiritual support.

The goal of the care is to help people who are dying have peace, comfort, and dignity.

The caregivers try to control pain and other symptoms so a person can remain as alert and comfortable as possible.  Hospice programs also provide services to support a patient's family.

## How to find nearby hospice and palliative care options

To find information about nearby hospice and palliative care providers, and other resources for older adults, one key resource is the Area Agency on Aging serving the region where the person lives. Find the AAA serving any area of the United States here.

## About the poll

The poll findings come from a nationally representative survey conducted by NORC at the University of Chicago for IHPI and administered online and via phone in February 2025 among 1,353 Michigan adults age 50 to 95 and to 2,528 non-Michigan adults ages 50 to 97. The sample was subsequently weighted to reflect the Michigan and national (non-Michigan) populations.

Read past National Poll on Healthy Aging reports and Michigan findings, and learn about the poll methodology.

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