

Hospice care is a vital part of end-of-life care for many people (Robertson & Rodrigues, 2020; Vladimir, 2018). Patient-centred care is fostered by having both in-home and residential care options (Bondar, 2018; Frankle et al., 2017). Both provide considerable benefits to patients and families and have similar outcomes in terms of patient and family satisfaction, quality of care, pain management, and other palliative care needs (Bondar, 2018; Ikmen et al., 2019; Vladimir, 2018). However, if families or friends are willing and able to provide hands-on support to the dying, the integration of services into patients' home environments provides more continuity of psychosocial and physical care; increased sense of security, safety, and comfort; as well as control over their daily lives (Boxhall, 2016; Hillal et al., 2020; Liverton et al., 2019). On the surface, the choice may seem obvious, but many families have a difficult time assessing the level of demand and emotional toll of caring for dying loved ones at home (Liverton et al., 2019). It is important for hospice personnel to be actively involved in educating and supporting families in their decisions and in continuous monitoring of in-home care.

The first part of the conclusion provides a brief summary of the main argument I made in the paper.

I'm being careful not to repeat the content of the paper. So, I opt to provide only a couple of examples to illustrate my point.

I am restating the thesis here, but I try to be creative about making the same point in a new way.

I then choose to provide a brief statement of my opinion about the implications of the comparison and evaluation that I have conducted in the paper.