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During the next few decades, aging, ailing baby boomers could wreak havoc on our health care system. As part of end-of-life care, millions of us will go through repeated hospitalizations, nursing home stays and aggressive—often futile—treatments. If nothing changes, the price tag will be astronomical.

In this issue of *Proto*, we look at the end of life from two perspectives. Our cover story examines how hospice care is quietly transforming the way many people spend their final days. Hospice has bestowed on patients dignity and control during this last stage of life, substituting comfort, counseling and pain relief for invasive technologies and last-ditch attempts. Yet as this humanizing mode of care, once on the fringe, rushes into the mainstream, the hospice industry is suffering growing pains. The market share of for-profit companies is surging, and many pioneering nonprofits have begun to falter while policy experts debate questions of cost, access to care and quality.

It's the matter of costs, in hospice and elsewhere, that comes under the lens of this issue's infographic. The goal of this regular feature is to quickly shine light on complex questions; as you'll see, the beginning and particularly the end of life consume a disproportionate share of health care dollars spent during a person's lifetime. Costs for the final year now average \$55,000, and with 2 million people dying each year, that adds up to more than \$100 billion annually. What will we pay in 30 years, when twice as many die and the cost of dying, because of new technologies, has also inflated?

Hospice care, depending on how it evolves, could cost less money while also improving the quality of the final phase of life. Should we push a little harder, and sooner, to move terminally ill people into hospice settings? And if we do, who will need more convincing—patients and their families, or the physicians charged with their care? Doctors, after all, are trained to cure, to use their powers to restore health. They may be reluctant to give up too soon, especially when the next treatment—or the one after that—offers a glimmer of hope.

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