

The Kobacker Way

A Covenant for Hospice with Humanity

December 2025

“It is better to go to the house of mourning than to go to the house of feasting, for death is the destiny of every person; the living should take this to heart.” — Ecclesiastes 7:2

To speak of death is to speak of life—not its negation but its completion. Every civilization that has endured has wrestled with this truth. From the burial prayers of ancient Egypt to the Heart Sutra of Mahāyāna Buddhism, from the Torah’s quiet insistence that the stranger, the widow, and the orphan be protected, to the medical oaths of modern physicians, cultures have recognized that the end of life is a moral frontier. It is a measure of a people’s humanity.

A wise and loving people know that the dying are not a problem to be solved but a mystery to be honored. Yet our age of dazzling medical progress has at times obscured that truth. In the bright glare of machines and the cold calculation of metrics, some in our society have allowed the final days of human life to become a logistical and financial puzzle, measured in reimbursement rates and hospital capacity. We have forgotten that the last hours of human life are not merely clinical moments but moral ones—opportunities to accompany, to comfort, to dignify.

In *Man’s Search for Meaning* (1946), Holocaust survivor Viktor Frankl wrote that “those who have a ‘why’ to live can bear almost any ‘how.’” In hospice, the truth reverses: when people are helped to find a “why” in dying, when they are treated with purpose, peace, and meaning, they teach the living profound lessons of life and love. To care for the dying is a sacred responsibility of the living and a beautiful honor.

The Moral Crisis of For-Profit Medicine and Hospice Care

Modern for-profit health care in America has performed a sleight of hand. It has transformed what should be a covenant into a contract. Medicine, which began as a moral calling, has in some places become an industry governed by profit. The logic of profit is fundamentally misaligned with the moral logic of care. When the bottom line becomes the highest good, suffering becomes a market opportunity.

The People Over Profits blueprint from the National Partnership for Healthcare and Hospice Innovation calls this out plainly: “While the United States spends more on health care than any nation in history, only a small fraction of Americans trust the system to put their well-being ahead of profit.” The report describes an “epidemic of mistrust,” warning that private-equity ownership and corporate consolidation have blurred the line between mission and margin.

Hospice, once the purest expression of medicine’s human vocation, has not been spared. In the early 1980s, most hospices were community-based nonprofits founded by nurses, clergy, and volunteers who saw dying as a communal act. Today, roughly three-quarters of hospices operate as for-profit corporations. The shift has been rapid, quiet, and profound.

A 2025 Health Affairs analysis, summarized by [Hospice News](#), found that private-equity-backed hospices report the highest profit margins and the lowest spending on patient care. Nonprofit hospices devote substantially more of their revenue to bedside services. The researchers' careful language ("reduced spending on patient care may undermine hospice quality") translates into a simpler truth: when profit is the goal, humanity and compassion become secondary to dollars and cents.

The pattern extends across health care. The report *A Dangerous Prospect: How Private Equity Decimated Connecticut Hospitals* describes what happens when investors treat healing as an asset class: staff are cut, service lines closed, and outcomes worsen. The same forces now target end-of-life care because hospice generates predictable cash flow with relatively low capital costs.

What began as a ministry of presence has been repackaged as a business line. Families describe feeling like customers rather than companions in care. Aides cover more patients per shift; social workers are replaced by call centers; chaplains become optional. The incentives of the system reward "long-stay" patients who produce steady revenue rather than those with complex, unpredictable needs. The dying person becomes a unit of reimbursement instead of a soul in need of comfort on a profound journey we all one day will make.

The philosopher Daniel Callahan wrote that a just society is measured not by how long people live but by how well they die. By that measure, the intrusion of profit into hospice care represents a moral failing. It erodes trust and hollows out the meaning of care itself. Dying becomes a transaction, and the community forgets what it means to accompany one another to the threshold.

To restore balance, we must remember that hospice was never conceived as a cost center but as a covenant—a promise that no one would die alone or in unnecessary pain, that families would be supported, and that human dignity would not yield to financial logic. The choice between compassion and profit is, at bottom, a choice between two moral orders.

The Kobacker Family Legacy and the Birth of Hospice in Columbus

The story of hospice care in central Ohio runs parallel with the story of one family's values made visible in the world. In the mid-1980s, Alfred and Niki Kobacker cared for Niki's father, Lee, as he died of cancer in their living room. Around the same time, community leaders such as Stuart Lazarus and Erie Chapman were exploring how the hospice movement might take root in Columbus. Alfred attended one of their meetings, knowing little about hospice but feeling that something essential was missing from the way people in his city died.

He took the idea to his parents, Arthur and Sara Jo Kobacker, whose philanthropy was already grounded in human need. Together, they resolved to help launch a hospice program for Columbus. Arthur, founder of a national shoe chain that grew to nearly seven hundred stores, had built a fortune on energy and

integrity. After selling the company, he turned his attention—and his generosity—to the city that had helped make him. Those who knew him remembered not his wealth but his humility and his open door.

In 1989, the family's philanthropy helped establish Kobacker House, one of the nation's first inpatient hospice centers, a nine-bed facility that treated death not as failure but as a sacred passage. Staff were trained to meet pain with presence, fear with understanding, and grief with companionship.

Inside that house, the Kobacker family's values were given expression in luminous acts big and small. Volunteer barbers and hairdressers set up a beauty parlor where patients could feel like themselves again, freshly shaven, hair styled, dignity restored. A golden retriever named Libby padded the halls as part of an early pet-therapy program, curling up beside patients and helping to lower blood pressure and anxiety with her steady presence. Nurses later said that when Libby rested her head on a patient's lap, the monitors told the story before the words did: heart rates slowed, muscles unclenched, and people who had not smiled in days found their way back to peace.

In 2010, the next chapter of the Kobacker family's legacy took shape through a broad community campaign that made possible the new 24-bed Kobacker House on Hospice Way. The expansion was funded through an \$18.5 million capital drive that drew strength from both large and small gifts—including a \$5 million bequest from retired teacher **Vera K. Randall**, who had been moved by the hospice care her sister received. Randall's generosity, combined with substantial contributions from the **Kobacker family** and other longtime supporters, allowed the new facility to replace the original nine-bed hospice the family had established in 1989. Alfred Kobacker served as honorary chair of the campaign.

The Kobacker family has always regarded the hospice as both legacy and responsibility. Today, family members who keep the light include Alfred Kobacker, Aronson Kobacker, Cathe Kobacker, Charlette Allred, and James Kobacker.

The Kobacker Way

The Kobacker House has never been just a physical structure. It is the physical expression and manifestation of a set of deeply held human values. *The Kobacker Way* is a promise to uphold the founding vision of the Kobacker family: that hospice and palliative care must be delivered with unshakeable moral clarity, compassion, and excellence—free from commercial motive and centered on the shared humanity of patient, family, and community. Rooted in its origins as one of the first inpatient hospice homes in the United States, *The Kobacker Way* affirms that the end of life deserves the same reverence, attention, and artistry as the beginning.

It is both a moral framework and an operational covenant—binding professionals, volunteers, and supporters to a shared ethic of care. It demands that every decision, policy, and patient encounter reflect

the same founding belief: that dying is a human passage to be met with dignity, never a process to be managed for efficiency or gain.

Core Principles

- 1. Nonprofit integrity.** The *Kobacker Way* rejects profit as a motive in end-of-life care. Stewardship, transparency, and community trust guide every decision.
- 2. Unyielding dignity.** Every person is treated as whole—body, mind, and spirit—honored for their story, individuality, and intrinsic worth.
- 3. Family as partner.** Loved ones are not visitors but members of the care team, supported and encouraged to participate fully in comfort, closure, and meaning.
- 4. Home-at-heart, expert-at-hand.** Every space preserves the spirit of home—quiet, beauty, and peace—while providing 24/7 access to skilled clinical, emotional, and spiritual care.
- 5. Relief before cure.** Comfort and peace are the goals. Pain control, counseling, and spiritual support come first, allowing life and death alike to unfold without unnecessary suffering.
- 6. Equitable access.** Care is given according to need, not means. Diversity of culture, faith, and circumstance is met with respect and understanding.
- 7. Volunteer partnership.** Volunteers are essential, not auxiliary. They provide presence, listening, touch, and the simple acts that remind patients and families they are never alone.
- 8. Learning and accountability.** Feedback is welcomed as a form of love and responsibility. Comfort, dignity, and family experience are the true measures of excellence.
- 9. Community covenant.** Hospice is a communal act. Every donor, advocate, and volunteer participates in ensuring that compassionate, nonprofit care endures as a public good.

Operational Practice

The Kobacker Way is expressed through concrete commitments that turn philosophy into practice.

- 1. Interdisciplinary Care.** Every patient is served by a team that includes a physician, nurse, social worker, chaplain, aide, bereavement counselor, and volunteers. These teams meet regularly to develop, review, and adapt care plans that meet the highest standards.

2. Individualized Care Plans. Each plan reflects the patient's values, cultural background, and family goals, emphasizing comfort, communication, and autonomy.

3. Family Integration. Families receive 24-hour access, guidance, and education to ensure continuity of love and care. Bereavement services extend at least 13 months beyond death (exceeding Medicare requirements and aligning with NPHI's Guidelines for Nonprofit Bereavement Excellence), honoring the full arc of grief with the depth only nonprofit mission-driven programs consistently provide.

4. Volunteer Engagement. Volunteers contribute a minimum of five percent of total patient-care hours, in keeping with Medicare Conditions of Participation and exceeding the volunteer engagement benchmarks set by the National Partnership for Healthcare and Hospice Innovation (NPHI). All volunteers receive structured training, mentorship, and continuing education in alignment with NPHI's nonprofit volunteer standards

5. Quality and Transparency. *Kobacker Way* hospices participate in the National Partnership for Healthcare and Hospice Innovation (NPHI) Innovation + Excellence Benchmarking Program and national data collaborative, tracking outcomes in symptom management, family satisfaction, staff well-being, and community trust. Results are publicly shared through NPHI's nonprofit transparency portal, affirming accountability and advancing mission-driven standards of excellence.

6. Stewardship and Reinvestment. Every dollar of surplus revenue is reinvested into care, training, research, and the community. Financial statements are open to public review, reflecting the nonprofit covenant that profit should never define purpose.

7. Education and Formation. When available and appropriate, and in collaboration with academic partners, the hospice supports medical research to advance the science of end-of-life care and teaching to train successive generations of practitioners in *The Kobacker Way*.

8. Staff Renewal. Regular debriefings, memorial rituals, and peer support are built into the rhythm of work. The well-being of caregivers is a moral imperative; only replenished compassion can be given.

9. Community Connection. *The Kobacker Way* sustains an active relationship with the public through remembrance events, volunteer drives, educational programs, and partnerships with faith and civic organizations. Hospice is presented not as a place of endings, but as a center of shared meaning.

10. Continuous Improvement. Every complaint or loss is treated as a moment for learning and reflection. The hospice seeks not to be perfect but to be honest, transparent, and evolving.

At its essence, *The Kobacker Way* is an act of moral continuity—joining the family’s original vision with the best modern practices of nonprofit hospice care. It is a declaration that the last chapter of life belongs not to investors or metrics but to community, conscience, and love.

Financial Stewardship as a Continuation of Care

Covenants are sustained not only by the spirit in which care is given, but by the integrity with which resources are stewarded. The Kobacker Way insists that financial practice is itself a moral practice — a reflection of whether we truly believe that every patient and family carries equal worth. Just as the bedside demands presence, humility, and discipline, so too must the balance sheet. When financial decisions honor human need above institutional convenience, they become an extension of the same compassion that guides the hands and hearts of caregivers. It is in this spirit that we articulate the stewardship commitments that safeguard the mission for generations to come.

1. Commitment to Value. As recipients of taxpayer-funded benefits and community philanthropy, we are committed to ensuring that every dollar entrusted to us is used efficiently, effectively, and responsibly. We provide services that uphold accountability for both quality and cost, protecting the sustainability of the mission for future generations.

2. Partnership, Innovation, and Advocacy. We welcome collaboration with payer partners, technology innovators, and community stakeholders to strengthen and improve the experience of care. We advocate for a strong and sustainable hospice benefit that rewards service, quality, and accountability over profit.

3. Patient-Centered Use of Funds. A minimum of 70 cents of every dollar is directed to direct patient care and family support — surpassing national nonprofit benchmarks and ensuring that resources follow need, not convenience.

4. Mission Before Margin. Any surplus revenue is entirely reinvested into patient and family services, staff development, volunteer programs, clinical quality, community benefit, and mission sustainability. No funds enrich investors or private owners.

5. No Cost-Driven Care Limits. Care intensity is never reduced based on reimbursement or prognosis, rejecting cost-driven practices that compromise dignity or access to needed services.

6. Staffing as a Moral Investment. Essential caregiving roles such as nurses, aides, social workers, and spiritual care providers are protected as core to the mission.

7. Commitment to All Levels of Care. All four Medicare Hospice Levels of Care are provided and staffed, with General Inpatient Care safeguarded as a high-touch, high-acuity nonprofit service.

8. Equitable Access Regardless of Ability to Pay. Charity care and under-reimbursement are embraced as obligations of community trust. No patient is declined based on insurance status or socioeconomic circumstances.

9. Financial Ethics and Integrity. The *Kobacker Way* commits to no upcoding, no quota-based admissions, no inappropriate eligibility pressure, and regular third-party audits.

Sources

People Over Profits — National Partnership for Healthcare and Hospice Innovation (2023):
<https://www.nphihealth.org/peopleoverprofits/>

Private-Equity-Backed Hospices See Greater Profits, Lower Patient Care Spending — Hospice News, Oct 9 2025: <https://hospicenews.com/2025/10/09/private-equity-backed-hospices-see-greater-profits-lower-patient-care-spending/>

Palliative and End-of-Life Care: Issues, Challenges, and Possible Solutions in the United States — American Journal of Managed Care (2024)

CMS Hospice Conditions of Participation (§ 418.56, § 418.64): https://www.cms.gov/Regulations-and-Guidance/Manuals/downloads/som107ap_m_hospice.pdf

Volunteer CoP Tip Sheet and “5 Percent Rule”: https://www.nhpco.org/wp-content/uploads/Volunteer_CoP_TipSheet.pdf and
<https://hospice.eewebinaretwork.com/Impact-and-Importance-of-Hospice-Volunteers-Understanding-the-5-Rule>

National Partnership for Healthcare and Hospice Innovation (NPHI). Innovation + Excellence Benchmarking Program and National Data Collaborative Overview (2024–2025)

National Partnership for Healthcare and Hospice Innovation (NPHI). Guidelines for Nonprofit Bereavement Excellence (2024)

National Partnership for Healthcare and Hospice Innovation (NPHI). Best Practices in Nonprofit Hospice Staffing and Volunteer Engagement (2025)

National Partnership for Healthcare and Hospice Innovation (NPHI). Transparency and Public Reporting Standards for Mission-Driven Hospices (2025)