# Compassion Care

Now and at the Hour of Our Death

## Palliative Care and Hospice | Frequently Asked Questions

**Is palliative care the same as hospice care?**
No. Hospice care is meant to serve the patient during the last six months of their life when the burdens of aggressive treatment outweigh the benefits. In contrast, palliative care serves the patient regardless of their prognosis or the treatment they are receiving.

**How do palliative care and hospice care work together?**
Patients receiving palliative care may naturally transition into hospice care toward the end of their serious illness.

### Palliative Care

**What is palliative care?**
Palliative care, and the medical sub-specialty of palliative medicine, is specialized medical care for people living with serious illness. It focuses on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of palliative care doctors, nurses, social workers and others who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any stage in a serious illness and can be provided along with curative treatment.

**Who receives palliative care?**
Palliative care is for anyone diagnosed with a serious illness, regardless of age or stage of their illness. Palliative care can be delivered simultaneously with treatments aimed at curing or delivered by itself when a cure is no longer an option.

**What role does the patient's family or primary doctor play in palliative care?**
The palliative care team works in partnership with the primary doctor in the treatment of the patient.

**Where can I receive palliative care services?**
Palliative care is offered in some hospitals, outpatient, or in the home.

**What professionals make up the palliative care team?**
This can vary among providers, but usually the team is made up of a physician and/or advanced practice provider, nurse, social worker and a chaplain.

**What are some examples of serious illness?**
Cancer, congestive heart failure, emphysema, kidney failure, Alzheimer disease, Parkinson's disease, and multiple sclerosis are all examples of serious illnesses.

**Does Medicare cover palliative care services?**
Yes. Medicare covers palliative care, primarily through the hospice benefit under Part A for terminally ill patients, and through Parts B and C for palliative services outside hospice, including doctor visits and symptom management treatments.

**How do I get palliative care?**
Request palliative care from your doctors and nurses. There is a Palliative Care Provider Directory on GetPalliativeCare.org to find palliative care in your area, quickly and easily.

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## Hospice

**What is hospice?**
Hospice is for patients of all ages with a life-limiting illness with a prognosis of six months or less to live, and who have decided not to pursue curative or life prolonging treatment but instead want to focus on comfort care.

Choosing hospice care does not mean one is "giving up" on life, but they are choosing to invest their energy in living. The treatment goal of hospice is symptom management, comfort care and pain control.

**Is hospice a facility like a nursing home or hospital?**
Hospice is not a place, but a philosophy of care providing medical, emotional and spiritual care focusing on comfort and quality of life. It provides care which takes place wherever the patient calls home, including a nursing home, assisted living or a home especially for hospice patients.

**Is there any special equipment or changes I have to make to my home before hospice care begins?**
As part of the hospice benefit, equipment is provided. Often the need for equipment is minimal at first and increases as the disease progresses. In general, hospice will assist in any way possible to make home care as convenient and safe as possible.

**Can you keep your personal doctor?**
Yes. The hospice care team includes physicians, nurses, chaplains, social workers and volunteers, all with one mission: to work closely with the patient's doctor to determine and implement an individualized plan of high-quality care.

**How many family members or friends does it take to care for a patient at home?**
There is no set number. One of the first things a hospice team will do is prepare an individualized care plan that will address the amount of care a patient needs. This will help to determine what caregivers are needed. Hospice staff will visit regularly and are accessible 24 hours a day, seven days a week to answer questions and provide support.

**Does someone have to be with the patient at all times?**
In the early stages of care, it is usually not necessary for someone to be with the patient at all times. However, since one of the most common fears of the patients is the fear of dying alone, hospice recommends someone be there continuously in the later stages.

While family and friends must be relied on to give most of the care, hospices do provide volunteers to assist with errands and to provide a break and time away for caregivers.

**Does hospice do anything to make death come sooner?**
Hospice care does not speed up or slow down death; it affirms life and regards dying as a normal process. Just as doctors and midwives lend support and expertise during the time of childbirth, so hospice provides its presence and specialized knowledge during the dying process.

**Can a hospice patient who shows signs of recovery be returned to regular medical treatment?**
Certainly. If improvement in the condition occurs and the disease seems to be in remission, the patient can be discharged from hospice and return to routine medical treatment.

**What does the hospice admission process involve?**
The family is presented information. If hospice services are then requested, a physician's order needs to be obtained. The patient will be asked to sign forms.

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**What is the process to start hospice care?**
A referral for hospice can come from anyone.

**Should I wait for our physician to raise the possibility of hospice or should I raise the issue first?**
The patient and family should feel free to discuss hospice at any time with their physician, other health care providers, clergy or friends. The decision belongs to the patient.

**How is hospice financed?**
Hospice coverage is provided 100 percent by Medicare and Medicaid with no co-pay. Most private health insurance plans have Hospice coverage, but it may vary. To confirm coverage, please check with your employer or health insurance provider.

**If the patient is eligible for Medicare, will there be additional expenses?**
Medicare covers all services and supplies related to the terminal illness for the hospice patient. In general, Medicare coverage includes:

- Physician services related to hospice diagnosis
- Nursing care
- Medical supplies as appropriate
- Drugs for symptom management and pain relief
- Short-term inpatient and respite care
- Home Health Aide
- Physical and other therapies
- Counseling
- Bereavement services
- Volunteers
- Pastoral care
- Social workers

**Does hospice provide around-the-clock care?**
Hospice care is based on scheduled visits during the day but 24-hour support and care are available. Hospice social workers can help arrange for a 24-hour nurse if medically necessary or the patient can stay at a nursing or hospice facility.

**How does Hospice manage pain?**
Nurses who specialize in pain and symptom management work closely with the physician and patient, using the latest medications and treatments for pain and symptom relief. Patients are reassessed frequently to make sure that they are comfortable. Hospice believes that emotional and spiritual pain are just as real and in need of attention as physical pain so these are addressed as well.

**Does hospice provide any help to the family after the patient dies?**
Many hospices provide continuing contact and support for family and friends for up to 13 months following the death of a loved one. Many hospices also sponsor bereavement and support groups for anyone in the community who has experienced the death of a family member, friend, or loved one.