



## Hospice and Palliative care.

Palliative Care is a term we hear frequently but there is often some confusion as to what it means and how Palliative Care Programs differ from Hospice Care. There are misconceptions about both, so let's address the similarities and differences.

The World Health Organization's Definition of Palliative Care is this:

*"Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care:*

- *provides relief from pain and other distressing symptoms;*
- *affirms life and regards dying as a normal process;*
- *intends neither to hasten or postpone death;*
- *integrates the psychological and spiritual aspects of patient care;*
- *offers a support system to help patients live as actively as possible until death;*
- *offers a support system to help the family cope during the patients illness and in their own bereavement;*
- *uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;*
- *will enhance quality of life, and may also positively influence the course of illness;*
- *is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications."*

Hospice embraces many of these philosophies apart from the last one. You could say that all Hospice Care is Palliative care but not all Palliative Care happens in Hospice

**Hospice** provides comfort care for those with a life limiting or terminal diagnosis. It is for those who no longer wish to pursue curative treatment or for those for whom there is no other treatment left. On acceptance into the program it is anticipated that, if the patient's disease progresses normally, they are not expected to survive for six months. There is a misconception that after those six months hospice care is terminated. This is totally untrue. If the patient's disease is still progressing they will be kept on and there are those who have been on hospice for as long as 2 years. If however a patient's condition

stabilizes, or they thrive and quality of life improves, then they may graduate from hospice. This is a cause for celebration but there is nothing to stop them from returning to hospice in the future as their needs dictate.

Hospice Care is usually provided in the patient's own home by an interdisciplinary team including the patient's own doctor as well as a medical officer from hospice, nurses, home health aides, social workers, chaplains, grief counselors and volunteers. Hospice cares for both patient and family, it is dignified and compassionate and it aggressively manages pain symptoms. It is holistic, providing physical, social, spiritual and emotional comfort to patient and family. It aims to help the patient live fully according to their final wishes; it does not set out to prolong life or to hasten death. Its philosophy is to add more life to the days remaining.

Medicare will cover hospice services and supplies including drugs for pain management and equipment such as bath aids and beds. Some health insurances also have a hospice component.

Should a patient need skilled nursing or a family needs respite, hospice can contract with a skilled nursing facility or hospital for 24 hour attention.

Like Hospice, **Palliative Care** is compassionate and dignified providing medical treatment to reduce symptoms, ailments and pain that accompany a chronic or life-threatening illness.

However Palliative Care can be given regardless of whether or not the illness is terminal or non-terminal. Like Hospice, Palliative Care does not seek to postpone or hasten death, but seeks to improve the overall quality of life of those who are suffering from a serious illness.

Patients in a Palliative Care program may still be seeking a cure and can receive aggressive treatments and life prolonging procedures such as chemotherapy, radiotherapy and drug therapy but in a way that does not compromise their quality of life. Therefore care is often received in hospital settings such as an inpatient or in outpatient clinics. There is no qualifying life expectancy limit: a patient with a chronic life limiting illness such as Multiple Sclerosis, Chronic Heart Disease or Aids can access Palliative Care at diagnosis or at any point at which they feel their condition is unmanageable.

Like Hospice Care, Palliative Care also employs the skills of a multidisciplinary team to provide patient and family with dignified physical, emotional, spiritual and social support.

Palliative Care is often provided in a medical setting and it is usually paid for by private insurance or Medicare if the patient is eligible.

To summarize: Those receiving Palliative Care may be seeking curative treatments and can ask for Palliative Care at any point during the course of a life-limiting or chronic disorder whereas those in Hospice indicate that they no longer wish to follow a curative path and will usually have a life expectancy of less than 6 months. Hospice Care is usually provided in the patient's own home or care facility whilst Palliative Care can be given in medical and hospital settings.

Hospice is paid for by Medicare whereas Palliative Care is usually paid for by private health insurance or Medicare if the patient is eligible due to age or disability.

Both Hospice and Palliative Care programs have a multidisciplinary approach providing dignified attention, emotional, spiritual and social support for patient and family.

(Submitted by Diane Bamforth—March 2019)