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## Hospice and Palliative Care

### HIGHLIGHTING HOSPICE AND PALLIATIVE CARE

While I was a nursing student, I worked as a CNA at the Clarissa Cook Hospice House in Bettendorf, Iowa. My experience there taught me the value of Hospice and Palliative Care for patients with a life limiting illness or injury and their family members.

**The focus of HOSPICE** is caring when there is no cure available. Hospice care is often provided in the patient's home. It is also provided in freestanding Hospice centers, hospitals, nursing homes and other long term care facilities.

Hospice is available to anyone of any age, religion, and ethnicity regardless of illness and is covered by Medicare, Medicaid, most private insurance plans, HMOs and managed care plans.

**Hospice care** is provided by a primary caregiver, usually a family member, with regular visits by hospice staff who are on call 24 hours a day, seven days a week. Care for the patient is centered on pain and symptom management. Hospice care also gives emotional, psychological, social, and spiritual support. Required prescription medications are provided along with medical supplies and equipment. They teach how to provide care for the loved one and coordinate special services such as speech and physical therapy when indicated.

**THE FOCUS OF PALLIATIVE CARE** is different than Hospice. It is NOT for patients who are dying. It is designed to improve life and provide comfort for people of all ages with serious, chronic or life threatening illnesses. These illnesses may include cancer, congestive heart failure, kidney failure, chronic obstructive pulmonary disease, AIDS and Alzheimer's disease among others. A typical palliative care team includes a physician, nurse, and social worker, It often also involves a chaplain or clergy member for spiritual support, a psychologist or psychiatrist, physical or occupational therapist, dietitian, and any other health care provider that can help meet the patient's needs.

Patients can begin palliative care as soon as they are diagnosed with a serious illness at the same time they continue to pursue a cure. Palliative care doesn't signal that a person's illness has no cure or that the patient has given up hope for a recovery.

Some patients recover and move out of palliative care. Others with chronic diseases, such as COPD, might move in and out of palliative care as necessary. If cure for a life-threatening disease is not attainable, palliative care can improve the quality of the patient's life and when death draws near, palliative care can be transitioned into hospice care.

The most beneficial aspect of palliative care is that it is designed to fit each patient's definition of quality of life. Palliative care is patient-centered care. The patient is asked what is important to them and to define their primary priorities. Based on this input and what family members provide, a plan of care is developed to meet the patient's goals and values. Pain is managed according to the patient's wishes. Some have a greater tolerance level, others wish to be as pain free as possible. Help is also provided for symptoms such as nausea, loss of appetite, fatigue, constipation, shortness of breath and difficulty sleeping.

**Palliative care is holistic.** It provides for the challenges an illness imposes on every aspect of living. This extends to family members and caregivers as well. This holistic approach makes palliative care very effective in improving quality of life. A study published in August 2010 in the *New England Journal of Medicine*, done by researchers at Massachusetts General Hospital found that advanced lung cancer patients who received early palliative care had lower rates of depression and better quality of life than patients who received only standard treatment. The study involved 151 patients who were randomly assigned either standard lung cancer care alone or standard cancer care along with palliative at the same time. The research also found the palliative care patients lived about 2.7 months longer. This may have been related to more effective treatment for depression, better symptom management, and/or less need for hospitalization. For any patient with a chronic illness, extra time is significant and precious. In the end, the study showed that suffering is actually bad for a person's health.

For more information and support go to: [www.nhpco.org](http://www.nhpco.org).

