HOSPICE AND PALLIATIVE CARE

**How hospice and palliative care are the same**

Hospice and palliative care both offer compassionate care to patients with life limiting illnesses. But palliative care – which is always a component of hospice care – can be used as a separate area of medical practice while the patient is receiving treatment.

Hospice care is by nature palliative care: addressing the patient’s physical, emotional, and spiritual needs as well. Hospice providers are especially skilled in symptom management and clinical care of patients at end of life. Hospice nursing staff teach families and caregivers to administer symptom management medications and help them understand the normal process of dying. Hospice social workers support both the patient and the family with emotional challenges and issues that may arise. Chaplains are there to support spiritual and existential needs for patients and their families. Hospice aides assist with bathing, and dressing, and trained volunteers do a variety of things with patients, including reading, doing a specific activity or just being a reassuring presence. Hospice does not provide full time care giving services, and they usually require that the patient have a caregiver who will provide or oversee the daily needs of the patient. In hospice, this interdisciplinary team meets on a bi-weekly basis, reviewing every plan of care with all disciplines present to ensure the patients’ needs will be met for the next two weeks.

Palliative care is also focused on relieving symptoms associated with the patient’s condition while receiving active treatment such as chemotherapy, radiation, or other life sustaining treatments. Care is focused on distressing symptoms

**When they are used?**

Hospice care is used when curative treatments are no longer effective and assuming the disease takes its normal course and the patient is estimated to have a prognosis of 6 months or less. However, hospice care may extend beyond the six months if the patient continues to quality for ongoing hospice care.

Palliative care can be employed while the patient continues active treatment through different phases of their life limiting condition(s).

**Emotional and spiritual care**

Hospice care and palliative care both treat the whole patient and the family, offering psychosocial and spiritual counseling. In hospice social workers and hospice chaplains are active participants in the patient’s interdisciplinary team.

**Payment methods**

Hospice care is paid for in full by the Medicare Hospice Benefit and by Medicaid Hospice Benefit. Most insurances and the Veteran’s Administration also cover hospice services in full or with minimal co-pays. JSSA Hospice is committed to providing hospice care to anyone in the community who needs hospice care and meets the qualifications, even if they are un-insured.

Currently Community Based palliative care is only paid for by some private insurances.

Palliative Care is also provided in most hospitals, although the structure of the program varies widely.

**Where care is received?**

Hospice care is provided where the person lives-regardless of whether it’s a house, apartment, nursing home, assisted living facility or other setting. All hospices must provide all four levels of care including respite care, continuous care and general inpatient care

Palliative care is most often received through a physician, at a nursing home or during a short-term hospital admission.