Palliative Care Vs. Hospice

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Death-Defying/Death-Denying Society

- Advances in medical care
- Gained 30 years in life expectancy
- People previously died quickly from infections, malnutrition, fevers
- Today only 10% of Americans die sudden, unexpected deaths
- Avoid signs of aging or illness

Even with modern technology and aggressive intervention, people will die

- Like birth, death is a natural part of the circle of life
- In times past, death was more visible, more natural part of life
- Died at home, surrounded by family
Hospice/Palliative Care

- There are differences in Hospice and Palliative Care, and there is a relationship between the two.
- Palliative Care focuses on relieving symptoms and can be utilized at any stage of illness...not just advanced stage
- Hospice is palliative in nature; however, curative treatment is no longer beneficial or desired

Hospice/Palliative Care

- Treatments are not limited with Palliative Care and can range from conservative to aggressive/curative
- With Hospice, treatments are limited...no longer treatment for cure...focus on comfort
Hospice/Palliative Care

- Palliative Care is appropriate any time during the course of the illness
- With hospice, the patient’s condition must be terminal with a life expectancy of six months or less
- Hospice and Palliative Care may be delivered at any location

Hospice/Palliative Care

- Emphasize comfort and quality of life for patients who have serious illnesses
- Provide comprehensive, holistic care by addressing spiritual and psychosocial issues in addition to physical symptoms
- Provided by inter-disciplinary teams
- Patient and his/her family are seen as the unit of care
You matter because of who you are. You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but also to live until you die.”

~ Dame Cicely Saunders

Hospice

- Dame Cicely Saunders founder of the modern hospice movement
- 1967 - St. Christopher’s Hospice in London
- 1969 – pioneered the first home care team
- Came into practice in the U.S. in the 1970s
- Not medically recognized until 1982 (Medicare)
Hospice

- Considered to be the model for quality, compassionate care for people facing a life-limiting illness or injury (prognosis: 6 months or less)
- A team-oriented approach to expert medical care, pain management, and emotional and spiritual support tailored to the patient's needs and wishes
Hospice

- Support is also provided to the patient's loved ones.
- Core belief that each of us has the right to die pain-free and with dignity, and that our families will receive the necessary support to allow us to do so.

Hospice

- Focuses on quality of life rather than quantity of life
- Provides humane and compassionate care for people with incurable diseases so they may live as fully and comfortably as possible
- Accepts death as the final stage of life
Hospice

- Manages symptoms so the patient’s last days may be spent with dignity and quality, surrounded by loved ones
- Family-centered
- Affirms life...does not hasten or postpone death
- Treats the person rather than the disease
Hospice

- Is not a place where terminally ill patients go to die
- Is a type of care for those who have a terminal illness
- Focus on supporting the patient and family through the final months of life by providing comfort and pain/symptom management rather than aggressive treatment for cure

Hospice

- Does not mean that patient receives no treatment
- Patient continues to receive medical support and care
- Focus changes from cure to comfort
- Patient can reserve strength and concentration for spending time with loved ones and facing the emotional and practical issues of death
Barriers to Hospice

- Hesitancy by treatment team
- Belief that hospice means “giving up”
- Takes away hope
- Final decision that cannot be changed

Palliative Care

“He’s our new Palliative Specialist!”
What is Palliative Care?

- An approach to treatment
- Goal is to maximize the quality of life for patients who are facing serious illness and to also provide support for their families
- Treats, prevents, or relieves the symptoms of a serious or life-threatening illness, but does not cure it
- Available at any stage of the illness
- Patient may continue to pursue life-sustaining treatments

Who Needs Palliative Care?

- Cancer
- Heart Disease
- Lung Disease
- AIDS
- Alzheimer’s and other dementias
- Multiple sclerosis
- Amyotrophic lateral sclerosis (ALS)
Palliative Care Symptom Management

- Pain
- Constipation
- Nausea and vomiting
- Diarrhea
- Bowel or Bladder problems
- Loss of appetite, weight loss, or wasting

Palliative Care Symptom Management

- Shortness of breath or labored breathing
- Coughing
- Depression
- Delirium or mental confusion
- Weakness
- Difficulty sleeping
Survey of Palliative Care Patients

- “Being recognized as a person”
- “Being connected to family and the world outside”
- “Being spiritually connected”
- “Physical comfort”
- “Having a choice and being in control”
Palliative Care

- Help with establishing/clarifying the patient’s goals
- Manage a patient’s pain or other symptoms
- Difficult communication situations (i.e., delivering bad news or discussing withdrawal of life-sustaining treatments)

Palliative Care

- Time for meetings and counseling
- Expertise in managing physical/emotional/spiritual symptoms
- Support in resolving conflicts
- Coordination of care across settings
Palliative Care

- Improves quality of life for our sickest and most vulnerable patients and families
- Serious illness is a universal human experience and palliation is a universal health professional obligation

Conclusion

- Hospice and Palliative Care are two distinct, but closely related, types of care
- Both are interdisciplinary
- Both are available in a variety of settings
- Goal for each is to improve the physical, psychosocial, and spiritual quality of life for those living with a serious illness and their families
Resources

- American Academy of Hospice and Palliative Medicine
- Center to Advance Palliative Care
- Gemignani, M. (October 20, 2011). Hospice in a Death-Denying Society
- National Hospice and Palliative Care Organization

“You treat a disease, you win, you lose. You treat a person, I guarantee you, you’ll win, no matter what the outcome.”
- Patch Adams