

## Palliative and Hospice Care

**Palliative care** is defined as care that is centered around the patient and family of a patient who has a chronic, or life-threatening illness. Disease-directed and life-prolonging treatment is often used. The goal is to assure the patient has the information and guidance needed to make choices about care that is most appropriate for that individual and their family. It should be stressed to the patient and family that a palliative care plan/referral is part of the comprehensive plan of care for them as an oncology patient. It does not mean that they will not be able to get treatment or that they are dying. Patients can be on palliative care for many years.

Key features of palliative care are:

- Care is patient and family centered.
- Addresses not only the physical aspects of the patient's disease but also their psychosocial, emotional, and spiritual needs.
- Anticipates, prevents, and treats suffering prior to and throughout the length of the illness.
- Celebrates life as well as accepts death as part of the normal process.
- Provides a plan for bereavement counseling for the patient and family.
- Often is done through consultation with a multidisciplinary team approach.

Palliative care should be considered when:

- The prognosis is less than one year due to advanced disease.
- The patient's symptoms (from the disease or the treatment) are a significant burden to them.
- The performance status of the patient is becoming impaired (ECOG score of 3 or higher).
- Becomes the focus when disease progresses, and life-prolonging treatment is no longer wanted by the patient or has ceased being effective. At this point a referral for Hospice is appropriate.

**Hospice Care** is focused on the last stage of life. It is an insurance benefit as well as a philosophy of care focused on compassionate and high-quality care helping the patient live what life they have left to the fullest extent. It focuses on relieving physical discomfort while providing support for the patient and family in the emotional, spiritual, and psychosocial issues they may face.

Congress approved the hospice benefit in 1982. Medicare stipulates that in order to receive hospice benefits, the patient must have a prognosis of less than 6 months of life and must be eligible for Medicare Part A. Physicians generally overestimate the length of time a patient has by 4-fold; therefore, it is common to have a very late referral to hospice. Patients often spend far less time than 6 months in hospice care. The benefit from Medicare can continue for as long

as the patient meets the criteria, there is no time limit. Treatment given while a patient is in hospice is geared towards relieving the patient's symptoms. There are no specific limitations to what treatments can be used if they are being used to provide comfort for the patient.

Hospice services covered include:

- Physician care
- Nurse care
- Home health care
- Medical equipment and supplies
- Social services
- Physical, speech and occupational therapy
- Counseling
- Medication for symptom management
- Short term respite care for the caregiver