

Module 1-Hospice and Palliative Care

Handout #1—Hospice Care

National Hospice & Palliative Care Organization

What is Hospice?

Considered to be the model for quality, compassionate care for people facing a life-limiting illness or injury, hospice care involve a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well. At the center of hospice and palliative care is the 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 caring, not curing and in most cases care is provided in the patient's home. Hospice care also is provided in freestanding hospice centers, hospitals, and nursing homes and other long-term care facilities. Hospice services are available to patients of any age, religion, race, or illness. Hospice care is covered under Medicare, Medicaid, most private insurance plans, HMOs, and other managed care organizations.

How does hospice care work? Typically, a family member serves as the primary caregiver and, when appropriate, helps make decisions for the terminally ill individual. Members of the hospice staff make regular visits to assess the patient and provide additional care or other services. Hospice staff is on-call 24 hours a day, seven days a week.

The hospice team develops a care plan that meets each patient's individual needs for pain management and symptom control. The team usually consists of:

- The patient's personal physician;
- Hospice physician (or medical director);
- Nurses;
- Home health aides;
- Social workers;
- Clergy or other counselors
- Trained volunteers; and
- Speech, physical, and occupational therapists, if needed.

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Handout #2

Handout #1 – WHO Definition of Palliative Care

<ul style="list-style-type: none">• Provides relief from pain and other distressing symptoms;
<ul style="list-style-type: none">• Affirms life and regards dying as a normal process;
<ul style="list-style-type: none">• Intends neither to hasten or postpone death;
<ul style="list-style-type: none">• Integrates the psychological and spiritual aspects of patient care;
<ul style="list-style-type: none">• Offers a support system to help patients live as actively as possible until death;
<ul style="list-style-type: none">• Offers a support system to help the family cope during the patients illness and in their own bereavement;
<ul style="list-style-type: none">• Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
<ul style="list-style-type: none">• Will enhance quality of life, and may also positively influence the course of illness;
<ul style="list-style-type: none">• 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.