

# HOSPICE: A Different Way of Healing

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# What is “hospice”?

- Hospice a **philosophy** of care for dying patients and their families which aims to address
  - Physical symptoms of patients
  - Emotional support for patient, family, and caregivers
  - Spiritual support for patient, family, and caregivers
  - Bereavement care
- Hospice is NOT a place

# A Lil' History



# What is “hospice”?

- “Hospice” - derived from the Latin word “hospis” which means “host”
  - Following words derive from “hospis”
    - hotel
    - hospital
    - hospitality
    - hospice
  - “place of safety for people on a journey”

# Hospice History

- In the Middle Ages
  - Sign “Hospice” meant pilgrims could spend the night within protection of the walls of castles, monasteries
- In the 1800’s
  - England, Ireland, Europe “hospices” were homes for the dying and places to “care” for terminally ill patients

# Modern Hospice Movement

- Dame Cicely Saunders = founder of the modern hospice movement
- In the 1940's she worked in "hospices" of London and learned
  - Terminally ill patients received little support from medical community, society
    - dying in pain, in discomfort, neglected
  - Dying patients had complex interdisciplinary needs
  - Care of dying patients must be improved

# Modern Hospice Movement

- In 1967 Dame Cicely Saunders opened St. Christopher's Hospice, London

# Modern Hospice Movement

- At St. Christopher's Hospice the focus became
  - Physical pain and symptom control
  - Relief of other “nonphysical” sources of pain
  - Spiritual and psychological needs
  - Family support
  - Home care
  - Caregiving through team of professionals and volunteers
  - Bereavement after patient's death

# Modern Hospice Movement

- First United States hospice program opened in 1974
  - was entirely home-based
    - (it was not a place)
  - became a model of care for dying patients throughout the US

# Hospice

- Hospices were entirely supported by donations and philanthropy until 1983 when Congress established Hospice benefits for Medicare beneficiaries
  - The “Medicare Hospice Benefit”
- >3000 hospice programs currently exist in the United States

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# Hospice Eligibility

- A patient has an estimated life expectancy of 6 months or less
  - Assuming “the terminal illness runs its normal course”
  - Any “terminal illness”
    - Cancer, heart disease, lung disease, HIV disease, liver disease, kidney disease, dementia, stroke, amyotrophic lateral sclerosis
- The patient’s attending physician AND hospice medical director certify the prognosis
- The patient or their surrogate consent to the hospice philosophy of care

# More about patient/surrogate consent

- Consent to hospice philosophy
- Accept treatment goals that are palliative rather than curative
  - Intensive program of care with relief of pain and suffering
- Physician agrees palliative course of treatment is appropriate choice

# What Does the “Medicare Hospice Benefit” cover?

- Interdisciplinary team care
- Medical equipment related to palliation of terminal illness
- Medications for symptom management and pain relief related to the terminal illness
- Around the clock availability of staff for phone consultation
- **Hospice Agencies do NOT provide long-term 24-hour in-home care**

# Where is Hospice care provided?

- Individual patient, family, and caregiver needs determine the location for delivery of hospice care
  - Home
  - Apartment
  - Nursing facility
    - Room and board not covered by Medicare Hospice Benefit
  - In some parts of US free standing “hospice houses”, “hospice facilities”

# Hospice – a Family Perspective

# Hospice – a Family Perspective

- How do you best deliver the message?
  - By understanding what the concept of “hospice” and “palliative medicine” mean to your patient and their family



# Correcting Misconceptions

## What Hospice is not

- Hospice is not like a hospital
- Hospice is not a “death bed” service for people in the last 48-hours of life

## What Hospice is

- Hospice is a way of providing care wherever a patient is; at home, long-term care facility, or in a hospital inpatient hospice bed
- Hospice is a comprehensive care program for patients and families which emphasizes quality of life

# Correcting Misconceptions

## What Hospice is not

- Hospice is not a resignation to hopelessness
- Hospice is not euthanasia

## What Hospice is

- Hospice is a way to deal realistically and humanely with one of the great challenges of human life, offering new or different perspectives on hope and help to patients and families
- Hospice neither hastens nor prolongs death. Instead it seeks to provide comfort and freedom from pain.

# Correcting Misconceptions

## What Hospice is not

- Hospice is not a place to send dying patients so they won't have to know what is happening to them

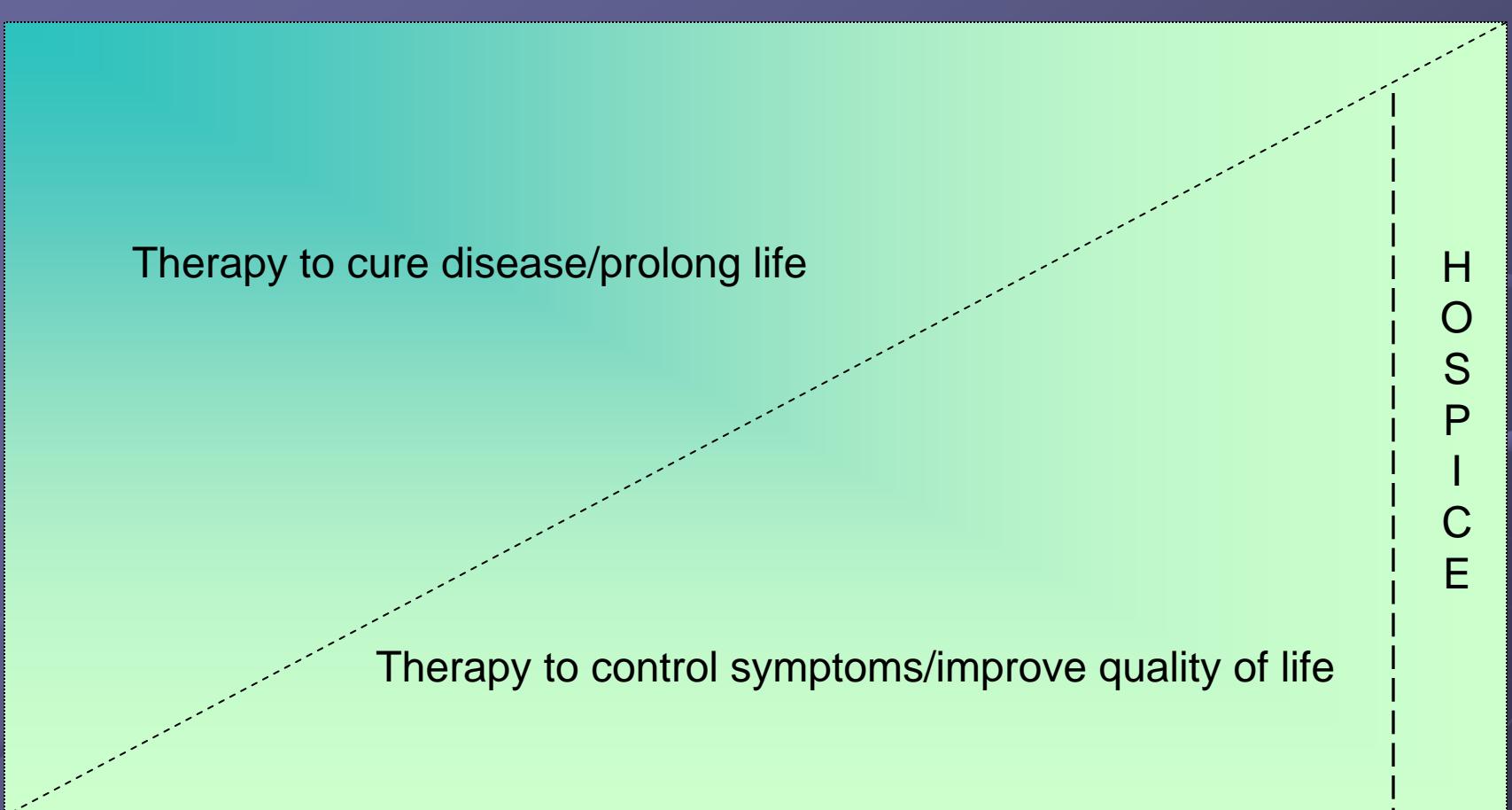
## What Hospice is

- Hospice is a care system based upon the right of people to know accurately and honestly what is happening to them so they can choose how they want to spend the precious remaining amount of time in the most purposeful and meaningful way consistent with their wishes and needs

# Palliative Care vs. Hospice Care



# Disease Progression



Disease Progression

Diagnosis of  
Serious Illness

# Palliative Care

Therapy to cure disease/prolong life

Therapy to control symptoms/improve quality of life

H  
O  
S  
P  
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C  
E

# Differences between curative care and palliative care

	<b>Curative Care</b>	<b>Palliative Care</b>
Objective	Quantity of life	Quality of life
Goal	Control of disease	Control of symptoms
Focus	Disease	Person, family
Results	Cure rate, improved lab values, discharge	Freedom from pain, distressing symptoms, peaceful death

# Hospice – a Family Perspective

- What happens when hospice has been initiated?
  - Access to a Multidisciplinary Support Team
    - Attending Physician
    - Hospice Medical Director
    - Hospice Nurse
    - Social Worker
    - Home Health Aide
    - Spiritual Caregiver
    - Bereavement Counselor
    - Therapists
    - Pharmacists
    - Volunteers

# Common Questions



# Can patients receive hospice care for greater than “6 months”?

- Medicare Hospice has Benefit periods of 90 then 60 days
- If at the end of a benefit period a patient’s condition is considered terminal and their life expectancy is prognosticated to still be less than 6 months, they will be recertified and continue on his hospice
- If a patient’s condition stabilizes, they may be discharged from hospice

- *People go through the process of dying as diversely as they go through the process of life. Death is the final stage of life.*

# Must a hospice patient be homebound?

- NO!!!!
- Hospices encourage patients to maintain their activity and their quality of life

# Is hospice appropriate for everyone?

- No
- Some patients who are terminally ill choose to continue aggressive and/or experimental treatments
- Some patients choose not to discuss poor prognosis or impending death

# Must Patients Have “DNR” Code Status?

- No.
- Reaching this decision may be a process

# Can a patient receive ----- while in hospice?

- Clinical condition
- Goals
- Reality of hospice reimbursement



# Your Questions?



# Is Hospice “Perfect”?

- The best of hospice care will not make every death beautiful or easy

*When science can no longer  
offer days to your life, hospice  
can offer more life to your  
days...*

*Anonymous*

# *Completing Relationships:* “The Five Things”

“Forgive me”

“I forgive you”

“Thank you”

“I love you”

“Good-bye”

Ira Byock, M.D.