

Hospice & Palliative Care

The terms “palliative care” and “hospice care” can be confusing. Both terms describe care that is guided by the residents’ and families’ goals and values. Both types of care focus on comfort and quality of life for persons with serious illness and their families. Both hospice and palliative care:

- Are focused on quality of life
- Serve both patients and their families
- Focus on the care for persons with serious or advanced illness
- Are guided by the residents’ and families’ preferences for care

Although they are similar, each has specific features, which we will describe here.

What is Palliative Care?

Palliative care addresses the discomfort, symptoms, and stress of serious illness or chronic conditions. This is done by meeting the resident’s physical, emotional, spiritual, and cultural needs. Palliative care is provided by a healthcare team that typically includes physicians, nurses, social workers, spiritual counselors, and others. Care encompasses the needs of the resident and his or her family. Choosing palliative care does not mean that disease directed treatment stops. Palliative care and treatment focused on curing disease can be provided at the same time.

What is Hospice Care?

Hospice care is a type of palliative care that is provided when a resident is not expected to live for more than six months, based on the Medicare Benefit criteria. Sometimes, hospice is offered when therapies aimed at curing a disease stop working. It is also offered when the resident and/or family decides to stop disease directed treatment. The goal of hospice is to reach a level of comfort that will allow residents to focus on the emotional and practical aspects of their final months of life.

What Are the Differences Between Palliative and Hospice Care?

	Palliative Care	Hospice Care
Focus of care	Symptom management, quality of life and honoring resident and families wishes	Symptom management, quality of life and honoring resident and families wishes
Timing of care	Any stage of illness or disease	Last 6 months of life
Role of therapies aimed at cure	Comfort care is given at the same time as disease-directed treatment	Comfort care is given rather than disease-directed treatment
Setting of care	Any setting/location. Typically in a hospital or clinic	At home or in a nursing home. Sometimes in an inpatient hospice unit
How it usually works in a nursing home	Team consults and provides advice to nursing home staff about the resident	Team provides some hands on-care to the resident in the nursing home and also works with the nursing home staff to provide care

Example of palliative care and hospice in action: Mrs. Violet Jones

Mrs. Jones is a resident at Shady Oaks nursing home. She is undergoing treatment for breast cancer. Because Mrs. Jones is nauseous and in a lot of pain, the cancer treatment team suggests that she go to a palliative care clinic at the local hospital. The palliative care doctor gives her new medicines that help her symptoms, and she talks with the social worker about her fears about her cancer. Mrs. Jones returns to the nursing home feeling much better. Unfortunately, her cancer treatments stop working a few months later. Mrs. Jones decides she does not want to try more chemotherapy and she is referred to hospice. A hospice nurse visits her three times a week at the nursing home to make sure her symptoms are well managed and a social worker helps her get her affairs in order. A home health aide comes into the nursing home twice a week to bathe Mrs. Jones. Mrs. Jones dies 5 months later at the nursing home, pain free and surrounded by her family and her favorite nurses.