Hospice Care [1]

This section has been reviewed and approved by the Cancer.Net Editorial Board [2], 05/2013

Key Messages:

- Hospice care is for people with cancer that cannot be cured who are expected to live six months or less. It is high-quality, compassionate care that focuses on relieving symptoms and helping patients and families cope with death and dying.
- Hospice care may take place in your home or in a specialized facility, and it involves a team of doctors, nurses, therapists, and other professionals.
- The hospice care team will work with you to develop a care plan that helps you meet your goals.

Hospice care is a form of palliative care [3] provided to patients with advanced cancer and other diseases who are expected to live six months or less. The goal of hospice care is to help patients who are no longer receiving treatment to eliminate the disease and their families cope with the physical and emotional effects of death and dying. The focus of care is no longer a cure; rather, it is on ensuring compassionate care that allows for the highest quality of life possible. Hospice care can take place at home or in a specialized facility.

Recognizing that many people with advanced cancer feel overwhelmed when they are told there is little chance of a cure, hospice care works to ensure that you approach the end of life with confidence and in comfort, peace, and dignity.

Quality of hospice care

Some patients worry that, because they are reaching the end of life, they will not receive the same quality of care as other patients or that their death will occur quicker in hospice. Hospice care is humane and compassionate care, and it does not slow down or speed up the end of life. You will receive the same quality of care as patients undergoing treatment for the cancer. The only difference is that the focus of care is quality of life, not longevity. In fact, people who use hospice may actually live longer, either because they are more comfortable or because they have fewer side effects from treatments directed at the cancer near the end of life.

Other patients worry that they will be unable to make choices or spend their last days as they wish. Your hospice care team will work with you to determine your goals for end-of-life care and develop a care plan that allows you to meet those goals while keeping you comfortable. Therapies may include medication, physical therapy, nutrition therapy, massage, and music and art therapy.

Hospice care providers

Hospice care most often takes place at home, which is called home hospice. Hospice care is also delivered in hospitals and private inpatient facilities. The cost, availability of caregivers, and community resources are factors to consider when deciding where to receive hospice services.

If you choose an inpatient hospice facility, the location and hours should be convenient for visits from family and friends. In addition, the facility should provide peace and quiet and ensure privacy for you, your family members, and other visitors.

Professionals who may be a part of your hospice care team include doctors, nurses, home health aides, social workers, chaplains, therapists (such as physical therapists, occupational therapists, and rehabilitation therapists), dietitians, trained hospice volunteers, and grief and bereavement counselors. These professionals also act as a support system for your loved ones. Knowing that your loved ones have these resources may help ease your worries about leaving them behind.

Your doctor, nurse, or social worker will help you find hospice care in your area. You can also contact your state or local department of health for a list of licensed agencies or find resources through hospice-related organizations? websites.

Working with the hospice team

The hospice staff regularly meets with you to evaluate your medical and comfort needs and provides any needed services under the supervision of a doctor. The plan of care will include measures to manage pain and other symptoms and provide support for you and your family and caregivers. During meetings with hospice staff, consider asking these questions:

- How will you help manage my pain and other symptoms?
- How will family members be involved in day-to-day care, such as feeding, bathing, giving medication, and monitoring changes in my condition?
- What services do you provide to help with the emotional and spiritual aspects of death and dying?
- Who can my family members call if they have any questions, and what are the phone numbers?
- May family and friends visit at any time? (This applies only to inpatient hospice care because the patient and caregivers have control over access at home.)

In addition to interactions with hospice staff during these planned meetings, you can contact hospice staff members at any time. They are on call 24 hours a day, seven days a week.

Hospice care in the home

With home hospice care, a family member or close friend serves as the primary caregiver and is responsible for providing or coordinating and overseeing most of your care. Doctors, nurses, home health aides, and personal attendants will work with you and your caregivers to develop a plan tailored to meet the unique needs of your situation. They also regularly meet with you and your caregivers to evaluate your medical and comfort needs and provide any services?medical services or daily care services, such as help with bathing or eating?that your primary caregiver is unable to provide. And, as mentioned before, your caregiver can contact the hospice professionals any time of the day or night to ask for help.

Eligibility and costs of hospice care

Hospice care is available when treatments to cure your cancer no longer work and you and your doctor choose to create a treatment plan dedicated to maintaining comfort. In the United States, acceptance into hospice care

requires a statement by a doctor that you have a life expectancy of six months or less. However, hospice care can be continued if you live longer than six months.

If your condition improves or your cancer goes into remission (when cancer cannot be detected in the body and there are no symptoms), hospice care will be discontinued, and disease-focused treatment may resume.

If you receive Medicare (health insurance provided by the federal government for those 65 and older, as well as for some disabled Americans), it covers the costs of hospice care if you are accepted into a Medicare-approved hospice program. Medicare covers the following services, primarily delivered in the home setting:

- Services provided by the doctors
- Nursing visits, with 24-hour on-call services
- Medical appliances and supplies related to the life-limiting illness
- Medications to manage symptoms and relieve pain (Patients may be responsible for a small copayment.)
- Short-term inpatient care to manage symptoms and relieve pain in a Medicare-approved facility, such as a hospital or nursing home
- Short-term inpatient respite care, which is provided to give usual caregivers temporary relief (Patients may be responsible for a small copayment.)
- Home health aide and homemaker services
- Supportive counseling
- Spiritual support and counseling
- Nutritional counseling
- Grief and loss support for you and your family

The following services are not covered under Medicare:

- Treatment for the life-limiting illness that is not for pain control and other symptom management
- Care given by another health care provider that was not arranged through the hospice program
- Care given by another health care provider that duplicates care the Medicare-approved hospice provider is required to provide

Learn more about the Medicare hospice benefit [4].

In most states, Medicaid (a health insurance program administered by each state that covers lower-income people, the elderly, people with disabilities, and certain people in families with dependent children) covers hospice care services. And most private health insurance plans cover hospice care services, although policy benefits differ from insurer to insurer. Talk with a hospital social worker, who can help you understand your options.

More Information

Advanced Cancer Care Planning [5]

End-of-Life Care [6]

Coping [7]

Additional Resources

National Cancer Institute: Hospice Care [8]

American Hospice Foundation [9]

Hospice Association of America [10]

Hospice Education Institute [11]

National Hospice and Palliative Care Organization [12]

International Association for Hospice and Palliative Care [13]

Links:
[1] http://www.cancer.net/navigating-cancer-care/advanced-cancer/hospice-care
[2] http://www.cancer.net/about-us
[3] http://www.cancer.net/node/25282
[4] http://www.medicare.gov/Publications/Search/Results.asp?PubID=02154&Type=PubID&Language=English
[5] http://www.cancer.net/node/25113
[6] http://www.cancer.net/node/25110
[7] http://www.cancer.net/node/21
[8] http://www.cancer.gov/cancertopics/factsheet/Support/hospice
[9] http://www.americanhospice.org/
[10] http://www.nahc.org/haa/consumer-information/
[11] http://www.hospiceworld.org
[12] http://www.nhpco.org/templates/1/homepage.cfm
[13] http://www.hospicecare.com