Here's A Reminder - That It Isn't Called Hospice CARE For Nothing

By Melissa Weidman

When Carla Regis' 92-year-old father experienced breathing issues resulting in a recent hospitalization, she called her doctor's office to make sure his medications were appropriate. Carla was surprised when the nurse suggested hospice for her dad, who had an advanced lung and heart condition.

"Hospice?" Carla exclaimed. "I'm not ready to give up. He's counting on me to take good care of him!"

Like many Americans, Carla had the misperception that hospice means foregoing medical care, allowing the disease to wreak uncontrolled damage and pain.

She's not alone in this misperception. Although hospices now serve more than 1.4 million people annually, mentioning hospice care to patients or family members may be greeted with resistance or even hostility. Many people don't realize that hospice provides highly specialized medical services and expertise. In fact, hospice care can make a significant difference in the lives of those with a terminal illness. The sooner hospice is brought in to the situation, the more they may help both the patient and family.

A July 2016 report in the *British Medical Journal* cites research that demonstrates, "greater use of hospice care during the last six months of life is associated with improved patient experience, including satisfaction and pain control, as well as clinical outcomes of care, including decreased ICU and hospital mortality."

What kind of care does hospice provide? Following up on my article in the last issue of *To Your Good Health*, a health care newsletter dispelling some of the myths surrounding hospice, here's a brief summary of just what hospice actually does provide:

Four levels of care:

1) Routine care wherever the patient resides, be it their own home, assisted living or nursing homes;

2) General inpatient care for acute symptoms requiring a higher level of care;

3) Respite care for caregivers needing a break;

4) Continuous care at home for a medical crisis needing close attention;

Routine care at home: This is by far the most common service, accounting for about 94 percent of hospice care, according to the National Hospice and Palliative Care Organization. Depending on a patient's needs, they can receive regular visits from a nurse as well as from hospice aides. They can also choose a volunteer, social worker and chaplain to address practical and spiritual concerns.

Hospice provides all medications needed to address the terminal illness and medical equipment including hospital beds, commodes, wheelchairs, walkers and oxygen.

Self-referrals are allowed: Anyone can ask for a consultation from any hospice organization providing care in their area. People do not have to wait for their doctor to suggest hospice. There can be self-referrals, as well as referrals from family and friends. A nurse can conduct a free, confidential, preliminary assessment to determine if the patient is eligible, for hospice care. To be admitted, two physicians, the patient's primary care physician and the hospice physician must certify that life expectancy is six months or less, based on the anticipated course of the disease. And recertification will be required; at regular intervals.

You can keep your physician; Patients have a right to keep their primary care physician or to choose a hospice physician to take charge of their medical care. The hospice medical director and nurse case manager keep in close touch with the patient's physician to collaborate on treatment plans and monitor symptoms.

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