

Hospice or Palliative Care: Management



Hospice care

Many people think hospice is a place where people go to die. But hospice is not a place. It's a special type of care for terminally ill people and their families. Terminally ill means that the person's illness can't be cured, and they are going to die from the illness. Hospice is generally offered when the person is expected to live about 6 months or less. Hospice care is not meant to cure the person. Instead, it provides comfort and helps the person live as well as possible to the very end of life. Hospice caregivers often provide this type of care in the person's home. But they can also provide it in a hospital or hospice home.

The goal of hospice care is to help terminally ill people and their families cope with the end of life. Hospice care is done by a team of caregivers who specialize in end-of-life care. This team often includes healthcare providers, nurses, social workers, counselors, home health aides, and trained volunteers. Usually a family member or close friend is the main caregiver, who helps the person make important decisions.

The hospice team tries to make the person's passing as peaceful and painless as possible. Medical treatments can be used to help ease any pain and discomfort.

Palliative care

The goal of palliative care is to provide treatment that eases the person's symptoms. But these treatments are not used to try to cure the disease causing the symptoms. Palliative care specifically addresses quality of life issues and symptom management. Palliative care is also called supportive care. It's part of hospice care. But it can also be used at any stage of a serious illness, such as while the person is getting treatment. For instance, a person getting chemotherapy cancer treatment should also be getting palliative care to prevent problems like nausea, low blood counts, and infection.

Communication plays a very large role in palliative care. Good communication between the ill person, family, caregivers, healthcare providers—and in some cases, the hospice team—can provide comfort, relieve stress, and ease the fears of everyone involved. A palliative care team may include healthcare providers, nurses, social workers, nutritionists, and chaplains.

Addressing the person's quality of life is the central focus of palliative care. This may mean addressing psychological, spiritual, and social issues, as well as the physical symptoms the person may have. It is very important that the person feel as comfortable as possible.

Dying at home

Many people choose to get hospice care in the comfort of their home. This means they choose to die in their home. There are advantages and disadvantages of a home death. These need to be considered when making this decision.

When diagnosed with a terminal illness, many people feel a loss of control. A home death allows them to keep some sense of control over their lives. It also provides a more comfortable setting in which to die. Still, while dying at home may be the right choice for some people, caregivers have to decide if they can provide the intense, around-the-clock care needed. The hospice team is available to answer questions and make visits, but they generally don't provide around-the-clock care in the home. Caregivers may need to hire help in addition to the hospice team. They must also decide if they can cope with how having their loved one die at home will affect them.

When a person chooses to die at home, it's important for family members and caregivers to know what to expect. The hospice team will provide them with information and support. They will also help them cope with the issues and emotions involved in a home death. Family members and caregivers need to be ready for the symptoms and suffering that may happen while the person is dying. They also need to know how to manage the symptoms and whom they should contact if the symptoms can't be controlled, if there is an emergency, or when death occurs. With the right support and education, many families find that a home death can be a peaceful and natural experience.

Grief and bereavement

When a person is very close to dying, their family members may begin to feel grief. Grieving is how a person reacts and is a natural response to loss. It's a process. Bereavement is the time of sorrow a person has after the loss of a loved one. Hospice care supports the family through grief and bereavement. And this starts before the death occurs.

The hospice team helps the family grieve by guiding the family as they say good-bye. Expressing love and other emotions is very important when someone is near death. It can be helpful for family members to share stories and look through photos with the person. Sharing memories is a great way to ease grief and recall the happy moments in the person's life.

Family members should also try to settle any conflicts before the person dies. Resolving issues helps to relieve any guilt or regret they may feel after the person is gone. The hospice team can help with this.

Grief is a process that takes time. The amount of time depends on the individual. The hospice team will generally tend to the survivor(s) for up to 1 year. This might include things like counseling, support groups, and educational classes. Without the correct bereavement support, the survivor(s) are in danger of developing a more severe grief response. The hospice team can check for signs of this behavior (such as suicide attempts or drug abuse) and help guide the survivor(s) in a safer direction.

© 2000-2027 The StayWell Company, LLC. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions
This information is not intended as a substitute for professional medical care. Always follow your Healthcare professional's instructions. Copyright Krames LLC.