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What Are Palliative Care and Hospice Care?

[Español](#)

Palliative care and hospice care both focus on the comfort, care, and quality of life of individuals with a serious illness. Hospice care is a specific type of palliative care that is provided in the final weeks or months of life. Although these two forms of care are similar in some ways, they can differ as to when and where care is received, and which treatment options are available. Learn more about these two types of care to determine which may be most appropriate for you or a loved one.

Palliative Care and Hospice Care: What is the difference?



What is palliative care?

Palliative care is focused on improving quality of life for people with serious illnesses and their care partners. It is available to people of any age who need it, not just older adults. The major elements of palliative care include

managing a person's symptoms effectively and ensuring that their care is coordinated.

Palliative care is interdisciplinary, which means that it involves multiple types of doctors and other care providers. These providers work together with patients and their families and care partners to ensure that the treatment plan reflects the person's goals and values.

Palliative care can start as early as a person's diagnosis or not until later in their illness, and it can occur alongside other types of treatment for the disease. This form of care includes, but is not limited to, [advance care planning](#), [end-of-life care](#), hospice care, and [bereavement support](#).

Who can benefit from palliative care?

Palliative care is a resource for anyone living with a serious illness, such as [heart failure](#), [chronic obstructive pulmonary disease](#), [cancer](#), [dementia](#), [Parkinson's disease](#), and many others.

In addition to improving quality of life and helping with symptoms, palliative care can help patients understand their choices for medical treatment. The organized services available through palliative care may be helpful to any older person having a lot of general discomfort and disability very late in life.

Who makes up the palliative care team?

A palliative care team is made up of multiple different professionals that work with the patient, family, and the patient's other doctors to provide medical, social, [emotional](#), and [practical](#) support. The team is composed of palliative care specialist doctors and nurses, and includes others such as social workers, nutritionists, and chaplains. A person's team may vary based on their needs and level of care. To begin palliative care, a person's health care provider may refer him or her to a palliative care specialist. If he or she doesn't suggest it, the person can ask a health care provider for a referral.

Where is palliative care provided?

Palliative care can be provided in hospitals, nursing homes, outpatient palliative care clinics and certain other specialized clinics, or at home. [Medicare](#), [Medicaid](#), and insurance policies may cover palliative care. Veterans may be eligible for palliative care through the [Department of Veterans Affairs](#). Private health insurance might pay for some services. Health insurance providers can answer questions about what they will cover.

Visit the [National Hospice and Palliative Care Organization website](#) to find palliative care near you.

Adriana's story

Adriana developed anemia while she was being treated for breast cancer. A palliative care specialist suggested she get a blood transfusion to manage the **anemia** and relieve some of the **fatigue** she was experiencing. Controlling her symptoms helped Adriana to continue her curative chemotherapy treatment. Treating her anemia is part of palliative care.

In palliative care, a person does not have to give up treatment that might cure a serious illness. Palliative care can be provided along with curative treatment and may begin at the time of diagnosis. Over time, if the doctor or the palliative care team believes ongoing treatment is no longer helping, there are two possibilities. Palliative care could

transition to [hospice](#) care if the doctor believes the person is likely to die within six months (see [What does the hospice six-month requirement mean?](#)). Or, the palliative care team could continue to help with increasing emphasis on [comfort care](#).

Understanding End of Life Care Options



For more information, check out NIA's article on [Frequently Asked Questions About Palliative Care](#).

What is hospice care?

Increasingly, people are choosing hospice care at the end of life. Hospice care focuses on the care, comfort, and quality of life of a person with a serious illness who is approaching the end of life.

At some point, it may not be possible to cure a serious illness, or a patient may choose not to undergo certain treatments. Hospice is designed for this situation. The patient beginning hospice care understands that his or her illness is not responding to medical attempts to cure it or to slow the disease's progress.

Like palliative care, hospice provides comprehensive comfort care as well as support for the family, but, in hospice, attempts to cure the person's illness are stopped. Hospice is provided for a person with a terminal illness whose doctor believes he or she has six months or less to live if the illness runs its natural course.

It's important for a patient to discuss hospice care options with their doctor. Sometimes, people don't begin hospice care soon enough to take full advantage of the help it offers. Perhaps they wait too long to begin hospice and they are too close to death. Or, some people are not eligible for hospice care soon enough to receive its full benefit. Starting hospice early may be able to provide months of meaningful care and quality time with loved ones.

Where is hospice care provided and who provides it?

Hospice is an approach to care, so it is not tied to a specific place. It can be offered in two types of settings — at home or in a facility such as a nursing home, hospital, or even in a separate hospice center.

[Read more about where end-of-life care can be provided.](#)

Hospice care brings together a team of people with special skills — among them nurses, doctors, social workers, spiritual advisors, and trained volunteers. Everyone works together with the person who is dying, the caregiver, and/or the family to provide the medical, emotional, and [spiritual](#) support needed.

A member of the hospice team visits regularly, and someone is usually always available by phone — 24 hours a day, seven days a week. Hospice may be covered by Medicare and other insurance companies. Check to see if insurance will cover the person’s particular situation.

Dolores' story

Choosing hospice does not have to be a permanent decision. For example, Dolores was 82 when she learned that her **kidneys** were failing. She thought that she had lived a long, good life and didn't want to go through dialysis, so Dolores began hospice care. A week later, she learned that her granddaughter was pregnant. After talking with her husband, Dolores changed her mind about using hospice care and left to begin dialysis, hoping to one day hold her first great-grandchild. Shortly after the baby was born, the doctors said Dolores' **blood pressure was too low**. At that point, she decided to re-enroll in hospice.

It is important to remember that stopping treatment aimed at curing an illness does not mean discontinuing all treatment. A good example is an older person with cancer. If the doctor determines that the cancer is not responding to chemotherapy and the patient chooses to enter into hospice care, then the chemotherapy will stop. Other medical care may continue as long as it is helpful. For example, if the person has [high blood pressure](#), he or she will still get medicine for that.

Some similarities and differences between palliative care and hospice care

Question	Palliative Care	Hospice
Who can be treated?	Anyone with a serious illness	Anyone with a serious illness who doctors think has only a short time to live, often less than 6 months
Will my symptoms be relieved?	Yes, as much as possible	Yes, as much as possible

Question	Palliative Care	Hospice
Can I continue to receive treatments to cure my illness?	Yes, if you wish	No, only symptom relief will be provided
Will Medicare pay?	It depends on your benefits and treatment plan	Yes, it pays for some hospice charges
Does private insurance pay?	It depends on the plan	It depends on the plan
How long will I be cared for?	This depends on what care you need and your insurance plan	As long as you meet the hospice's criteria of an illness with a life expectancy of months, not years
Where will I receive this care?	<ul style="list-style-type: none"> • Home • Assisted living facility • Nursing home • Hospital • Palliative care clinic 	<ul style="list-style-type: none"> • Home • Assisted living facility • Nursing home • Hospice facility • Hospital

Source: www.nhpco.org/palliativecare/explanation-of-palliative-care. Copyright © National Hospice and Palliative Care Organization. All rights reserved.

Although hospice provides a lot of support, the day-to-day care of a person dying at home is provided by family and friends. The hospice team coaches family members on how to care for the dying person and even provides [respite care](#) when caregivers need a break. Respite care can be for as short as a few hours or for as long as several weeks.

Advance care planning and end-of-life decisions

When a person is diagnosed with a serious illness, they should prioritize early advance care planning conversations with their family and doctors. Studies have shown that patients who have participated in advance care planning are more likely to be satisfied with their care and have care that is aligned with their wishes.

[PREPARE for Your Care, funded in part by the National Institute on Aging](#), is an interactive online program that helps a person fill out an advance directive and express their wishes in writing. This tool is available in English and Spanish.

What are the benefits of hospice care?

Families of people who received care through a hospice program are more satisfied with end-of-life care than those who did not have hospice services. Also, hospice recipients are more likely to have their [pain](#) controlled and less likely to undergo tests or be given medicines they don't need, compared with people who don't use hospice care.

What does the hospice six-month requirement mean?

In the United States, people enrolled in Medicare can receive hospice care if their health care provider thinks they have less than six months to live should the disease take its usual course. Doctors have a hard time predicting how long an older, sick person will live. Health often declines slowly, and some people might need a lot of help with daily living for more than six months before they die.

The person should [talk with their doctor](#) if they think a hospice program might be helpful. If he or she agrees, but thinks it is too soon for Medicare to cover the services, then the person can investigate how to pay for the services that are needed.

What happens if someone under hospice care lives longer than six months? If the doctor continues to certify that that person is still close to dying, Medicare can continue to pay for hospice services. It is also possible to leave hospice care for a while and then later return if the health care provider still believes that the patient has less than six months to live.

You may also be interested in

- Exploring [frequently asked questions about hospice care](#)
- Learning about [different care settings at the end of life](#)
- Reading about [making care decisions at the end of life](#)

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For more information about hospice and palliative care

NIA Alzheimer's and related Dementias Education and Referral (ADEAR) Center

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The NIA ADEAR Center offers information and free print publications about Alzheimer's and related dementias for families, caregivers, and health professionals. ADEAR Center staff answer telephone, email, and written requests and make referrals to local and national resources.

Alzheimers.gov

www.alzheimers.gov

Explore the Alzheimers.gov website for information and resources on Alzheimer's and related dementias from across the federal government.

CaringInfo

National Hospice and Palliative Care Organization

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www.caringinfo.org

Center to Advance Palliative Care

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www.getpalliativecare.org

Hospice Foundation of America

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www.hospicefoundation.org

Education in Palliative and End-of-Life Care

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