

# Hospice Care



Hospice is a medically directed, interdisciplinary team-based program of services that focuses on patients nearing the end of life and their family. Hospice is the gold standard method of caring for people at the stage of a life-limiting illness when no further curative or life-prolonging therapy is available or wished to be pursued by a patient or family member. Hospice services work with physicians and family to make the patient as comfortable as possible by relieving pain and other symptoms as needed, usually in the home or home-like setting preferred by the patient.

Hospice is not necessarily a place. Hospice is a philosophy of treatment and care designed to improve the comfort of patients and families facing the last chapter of life. It is designed to help patients when further attempts at cure are no longer desired, either because treatment options have been exhausted, or the burdens of continued treatment outweigh any benefit to the patient. Most of us know of a loved one or friend who appeared to suffer needlessly at

the end of life by ultimately futile treatment. Hospice seeks to prevent that sort of tragedy.

The goal of hospice is improved quality of life at the end of life, helping the dying patient live as well as they can until death comes. Hospice focuses on treating “total pain” – physical, emotional, social, and spiritual - of the patient while also supporting the family.

[Read the Hospice Care FAQs.](#)

Hospice care for children is available with important differences from adult hospice care. To learn more, review the [Pediatric Concurrent Hospice Care page](#).

[Supportive Palliative Care vs. Hospice Care \(PDF\)](#)

## **Is Hospice the Same as Supportive Palliative Care?**

Supportive palliative care (SPC) and hospice are related and often thought of as two different branches of palliative care, but they are not the same. Both services rely on multidisciplinary teams with special expertise in symptom management, formulating prognosis and planning for whatever the future holds.

SPC is provided in a variety of settings, most commonly in the hospital or clinic, while more than 90 percent of hospice care is provided outside the hospital, most commonly at home. Any patient facing a serious, life-limiting illness may be seen by SPC specialists with a goal of improving the patient’s symptoms and improving care planning for the future. Patients seen by SPC specialists may pursue treatments in an attempt at achieving cure or

improvement of their disease. Early SPC services are associated with improved survival and quality of life.

In most cases, patients must forgo curative treatment to enroll in hospice. Hospice professionals accept that death will happen, but they do not try to hasten death. Instead, they focus on treating the patient's total pain. In addition, hospice teams work to support the family both before and after death.

## **Where Are Services Provided?**

Hospice can offer pain relief, comfort and support to patients and their families wherever the patient lives. Most commonly, this is at home. Here is a list of other the places where services are offered:

- Nursing home
- Assisted-living facility
- Intermediate care facility
- Group home
- Hospice in-patient facility
- Hospital

## **Who Is Part of My Hospice Care Team?**

The core team includes:

- Physician
- Nurse
- Social worker
- Chaplain/spiritual leader

Other specialists as needed:

- Hospice aide
- Counselor/Therapist
- Certified child life specialist
- Trained volunteer
- Other specialists as needed

## **What Does A Hospice Care Team Do?**

Among its major responsibilities, the care team:

- Manages both the patient's pain and other non-pain symptoms.
- Provides emotional support.
- Provides needed medications, medical supplies and equipment.
- Coaches family caretakers on how to care for their loved ones.
- Provides family caregivers with needed time away from caregiver's responsibilities (respite time).
- Delivers special services like speech and physical therapy when needed.
- Provides short-term inpatient care when pain or symptoms become too difficult to manage at home.
- Provides grief support to surviving loved ones and friends. Support can include conversations with the person and family members, teaching caregiving skills, prayer and phone calls to loved ones, including family members who live at a distance and companionship and help from volunteers.

## **Where Do I Go to Get These Services?**

You can talk to your doctor or medical team to see if you or your loved one qualify for services and where to look for them. You can also find services at:

- [National Hospice Locator](#)
- [Medicare Hospice Compare](#)
- [Long-Term Care Provider Search](#)

## **Rules and Regulations**

- [Information about Patient Rights and Hospice Care Quality](#)
- [42 Code of Federal Regulations 418 Hospice](#)
- [Texas Administrative Code Chapter 558 Licensure for Home and Community Support Services Agencies](#)
- [Texas Administrative Code Chapter 266 Medicaid Hospice](#)

## **How Do I Talk to My Family About My Decision?**

Talking about end-of-life care can be a difficult conversation to have with family members and healthcare professionals.

The Institute for Healthcare Improvement provides a [conversation starter kit \(PDF\)](#) with a step-by-step guide on how to discuss your end-of-life choices with family and other loved ones. Some suggestions include:

- Writing down your thoughts and concerns before the conversation.
- Practicing the conversation with a friend.
- Reasserting what matters to you at the end of life.

## **How Do I Document My Decision?**

After conversation with our loved ones and/or conversation with your physicians, SPC team, or hospice team, we recommend the completion of one or more advance directives. An advance directive is a legal document allowing you to specify your treatment preferences for a time in the future when your physician certifies that you are terminally or irreversibly ill as defined in Texas law and the illness prevents you from communicating those treatment preferences.

We call these documents “advance directives” because you fill them out when of sound mind in advance of a time when you can no longer express your wishes. Having an advance directive is much like using a seat belt when driving. If you don’t put your seat belt on before you leave home, then once you are in a car crash, it is too late to put it on! Similarly, once you become terminally ill and unable to communicate, it is too late to tell your family and physicians your treatment preferences. The absence of a living will is associated with more suffering, higher costs, and prolonged dying and no one wants any of those to happen to them.

Advance directives may be completed with or without a lawyer – in fact most are created without a lawyer.

## **Are There Different Types of Advance Directives?**

Texas law provides three types of advance directives, the most important of which is the Living Will. The Living Will is the only type of advance directive clearly proven to limit non-beneficial treatment and prolonged dying at the end of life. Another very important type of advance directive in Texas is the Out-of-Hospital Do Not Resuscitate Directive (OOH-DNR). This is the only advance directive that will clearly stop a paramedic from delivery electric

shocks, placing a tube in your windpipe, or beginning chest compressions when one dies at home. Finally, Texas law provides for a Medical Power of Attorney document which some professionals recommend but others do not.

To learn more about advance care planning, advance directives, and to even create your own advance directives free of charge consider the following options:

- Talk to your physician, SPC team, or hospice team. These professionals routinely help patients complete needed advance directives and can provide you free copies of the state approved forms. You do not need to spend money with a lawyer or others to complete such forms.
- Go to [www.MyDirectives.com](http://www.MyDirectives.com), a free online advance care planning service utilized by many of the best health care systems in the country. At this site you may complete a “universal digital directive” valid in any state in the union and/or upload paper documents you may have previously created. You may even record or upload video messages to your loved ones.
- Additional resources:
  - [Advance Care Planning | Texas Health and Human Services](#)
  - [Advance Care Planning Frequently Asked Questions \(PDF\)](#).

## **How Do I Pay for Hospice Care?**

Hospice care is covered by most private health insurance carriers, Medicare, Medicaid and Veteran’s Affairs.

Medicare and Medicaid

If you have Medicare or get Medicaid, and meet the conditions below, you can get hospice care if:

- Your doctor and/or a hospice doctor certify you are terminally ill with a life expectancy of six months or less.
- You accept care for comfort and quality of life instead of care attempting to cure your disease.
- You sign a statement choosing hospice care instead of other treatments for your terminal illness and related conditions.

[Learn more about Medicaid for Hospice Benefits.](#)

## **Caregiver Resources**

Hospice also provides services to caregivers and the family. As a caregiver for a parent, spouse or child, you might feel overwhelmed. Use these resources and suggestions to help you find emotional and physical task support to ease your stress as a caregiver.

- To learn more on advanced care planning, statistics and demographics, caregiving issues and strategies, and navigating legal issues [read the AARP Texas Caregiver Family Resources webpage.](#)

To learn more on caregiver resources, [visit the Caregiver Support webpage.](#)