

When we come to a hospital, we come seeking a cure, or at least an improvement in our condition. But even with the most amazing medical technology and most skilled professionals, the Biblical and biological truth remains: to everything there is a season, including “a time to die” for each and every one of us.

Thankfully, most patients admitted to the hospital will improve, but when they do not, and the “time to die” is upon them, a focus on the relief of suffering may be the patient’s best treatment. Such treatment often comes from hospital-based palliative care teams or from a specialized service known as hospice. To learn more about palliative care, please go to www.BaylorHealth.com/PatientInformation and click on “Palliative Care.” To learn more about hospice, please read further on this page.

What is hospice?

Hospice is not necessarily a place. Hospice is first of all 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 being attempted, either because treatment options have been exhausted, or the burdens of continued aggressive 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 aggressive and 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 the “total pain” of the patient while also supporting the family.

At life’s end, pain and other suffering may not only be physical, but may also be emotional, social and spiritual as well. These different types of suffering may reinforce each other, increasing the misery of the patient at a time when what they most need is peace, rest and safe passage. Just as a heart patient benefits from the specialized knowledge and skill of the cardiologist, the heart surgeon and the cardiac intensive care unit working closely together

as a team, so patients near the end of life can benefit from the specialized knowledge and skill of the palliative care and/or hospice team.

Aren’t hospice and palliative care the same?

Palliative care and hospice are related, but not the same. Both services rely on multidisciplinary teams with special expertise in symptom management, formulating prognosis and planning for whatever the future holds.

Palliative care is provided mostly in the hospital, while more than 80 percent of hospice care is provided outside the hospital, most commonly at home. Any patient facing a life-limiting illness may be seen by palliative care specialists with a goal of improving the patient’s symptoms and improving care planning for the future. Patients seen by palliative care specialists may still pursue all appropriate treatments in an attempt at achieving cure or remission of their disease.

Hospice services are most frequently provided in the home or other non-hospital setting. In most cases, patients must give up attempts at curative treatment in order 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 suffering. In addition, hospice teams work to support the family both before and after the actual death.

Am I giving up on my loved one if I choose hospice care?

Absolutely not. Death is sad, but it shouldn’t be a painful or terrifying experience. With proper guidance and assistance, there is always much we can do for the patient, even when there is nothing else we can do to the disease. Hospice specializes in doing all those things that can help the dying patient and their family.

There is good evidence that hospice is the most effective type of treatment to decrease pain and other suffering at life’s end. But not only does hospice

improve the quality of life for dying patients, recent studies also suggest that in many circumstances hospice treatment may actually prolong patient survival longer than continuing aggressive treatment of similarly ill patients. Although Baylor Scott & White does not own or operate any hospice facilities, we believe that at life's end, hospice represents the most appropriate and highest-quality treatment the patient can receive. Because we know hospice is the best treatment for dying patients, we work closely with patients and families to assure the transition to hospice is as uncomplicated as possible. Today there are more than 4,700 hospice programs in the United States caring for over half of all Americans who die. Baylor Scott & White works with many of these hospices in our community and beyond.

What might I expect from hospice?

Hospice care is provided by a team of nurses, doctors, home health aides, social workers, chaplains and trained volunteers. The patient's personal physician may stay as involved as they are able, working in coordination with a hospice physician, or the hospice physician may take over primary responsibility for management and care of the patient. This is typically determined on a case-by-case basis.

THE HOSPICE TEAM IS RESPONSIBLE FOR:

- Managing the patient's pain and other symptoms;
- Providing emotional support for patient and family;
- Providing needed medications, medical supplies and equipment;
- Teaching family how to care for the person;
- Delivering special services like speech and physical therapy when needed; and
- Providing grief support to surviving loved ones and friends.

While about 80 percent of hospice care is provided outside of an institutional setting, hospice can provide short-term inpatient care when pain or other symptoms become too difficult to manage at home or the caregiver needs respite time.

Does hospice cost extra?

Hospice care is typically less expensive than non-hospice treatment at life's end. Hospice is a

full benefit for Medicare patients and often provides more services with less cost than the patient could receive through home care. Private insurance plans vary in their coverage for hospice. A Baylor Scott & White social worker can help determine what type of hospice benefits any patient might have.

How do I know when hospice is the right thing to do?

It is never too early to learn more about hospice, even if you feel the possible need for hospice service is many years away. Deciding when it is time to actually enroll in hospice is best determined in coordination with your personal physician. Our hospital social workers can advise you, or if a member of one of Baylor Scott & White's palliative care teams is seeing you, they can guide you as well. Once a physician writes an order for a hospice consult, a hospice intake nurse will have permission to review the case and visit with the patient, family and treatment team as needed. Having a hospice consult does not mean the patient has to accept hospice or that the hospice will automatically accept the patient. The consult is merely the first step in the process.

What happens next?

If the patient (or family), the physician and hospice agency agree that hospice is now appropriate, it is typically started either the same day in the hospital or at discharge to home or other non-hospital setting. Hospice may also be arranged directly from the primary treating physician's office.

A terminally ill patient need not be admitted to the hospital only for the purpose of hospice enrollment. Wherever the patient is when it is decided to enroll in hospice, arranging home hospice typically takes about 24 hours. The frequency and intensity of hospice services is determined by each patient's unique needs and the hospice intake nurse can give more information about this. Hospice services are available on call 24 hours a day, 7 days a week.

Where can I get more information about hospice?

Baylor Scott & White social workers can supply you with additional information. In addition, you may visit the web site of the National Hospice and Palliative Care organization at www.nhpc.org.