

Hospice Care

It is unfortunate that many people who died in a hospital emergency room or who received heroic treatments to prolong life in a hospital or nursing home may have had the alternative of dying at home in familiar surroundings, with family or other loved ones at their side.

When someone is dying but there really is no hope for recovery, the family often calls 911 and starts a process which can result in great stress and great emotional discomfort. The loved one who is dying ends up in a hospital or nursing home in a strange environment, frightened and confused and tied to tubes and monitoring devices. This is not the ideal way in which to spend one's last hours on earth.

Attending to a dying loved one in the peace and quiet of the home with caring children and grandchildren surrounding the bed can be a spiritual experience for all involved. Hospice can allow this to happen. Memories of a loved one passing in peace can provide great comfort for family members in years to come.

When there is no longer hope for prolonging life, especially when this decision is made months in advance, hospice is a better alternative to other medical intervention.

Hospice is a form of medically supportive care for patients who are terminally ill. It allows for compassion and dignity in the process of dying. A commonly used definition for terminally ill patients is,

"patients who have a progressive, incurable illness that will end in death despite good treatment, and who are sick enough that you would not be surprised if they died within six months." A list of hospice providers can be found at <http://www.longtermcarelink.net/a7hospicecare.htm>

Hospice care is a valuable service and is generally underused except for terminal cancer patients. Most families wait too long to have their doctor prescribe hospice from Medicare. Many doctors or family don't often consider this care alternative for Alzheimer's, degenerative old age or other debilitating illnesses where a person is going downhill fast. They should.

Hospice involves a team approach using the following providers.

- Family caregivers;
- The patient's personal physician;
- Hospice physician (or medical director);
- Nurses;
- Home health aides;
- Social workers;
- Clergy or other counselors;
- Trained volunteers; and
- Speech, physical, and occupational therapists, if needed.

The purpose of hospice is the following:

- Manages the patient's pain and symptoms;
- Assists the patient with the emotional and psychosocial and spiritual aspects of dying;
- Provides needed medications, medical supplies, and equipment;
- Coaches the family on how to care for the patient;
- Delivers special services like speech and physical therapy when needed;
- Makes short-term inpatient care available when pain or symptoms become too difficult to manage at home, or the caregiver needs respite time; and
- Provides bereavement care and counseling to surviving family and friends.

A person can receive hospice from Medicare if he or she is

- eligible for Medicare Part A (Hospital Insurance), and
- the doctor and the hospice medical director certify that the person is terminally ill and probably has less than six months to live, and
- the person or a family member signs a statement choosing hospice care instead of routine Medicare covered benefits for the terminal illness, and
- care is received from a Medicare-approved hospice program.

A person may continue to receive regular Medicare benefits from his or her customary doctors for conditions not related to the hospice condition.