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The Scholl Institute of Bioethics is a nonprofit, Judeo-Christian organization that addresses bioethical issues including euthanasia, physician-assisted-suicide, the withholding or withdrawing of food and water from non-dying patients, brain death, organ transplantation, genetic engineering, and the rights of disabled or mentally ill persons.

Hospice and Palliative Care Do Differ

by Betty Odello, RN, MN

It is important to know that there is a difference between palliative and hospice care. Both aim to keep the patient comfortable and pain free. While hospice care is reserved for a patient during the last six months of his life, palliative care can start as soon as the diagnosis of a serious illness is made, often at the same time treatment is started. Eligibility for hospice starts when the treatment is no longer beneficial, and it is apparent the patient will not survive.

Hospice care traces back to Dame Cicely Saunders (1918 – 2005). When she opened the first hospice in 1967, Saunders was convinced hospice is about life, not death and she wanted to value each moment, each particle of life. Her stated goals were to: provide supportive care, ease the pain and suffering, and help the patient and family deal with their daily trials. She respected every person and realized each one mattered. It was important to Saunders not only to help the person die peacefully, but to help them live fully until they died.

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"As the body becomes weaker, the spirit becomes stronger," was an observation oft noted by Dame Saunders and echoed recently in an article by Father Ronald Rolheiser (Angelus, August 29,2019): "Souls carry life differently than do bodies because bodies are built to eventually die. Inside of every living body the life principle has an exit strategy. It has no such strategy inside a soul, only a strategy to deepen, grow richer, and more textured."

Hospice care changes the focus from curing to caring. When the doctor announces that all curative and or life-prolonging treatments have been exhausted, it may be time to consider hospice. Authentic hospice care accepts death as the final stage of life; it affirms life but does not try to hasten or postpone death. But instead of treating the disease itself, hospice care treats the person and manifestations of the disease.

A team of professionals work together to manage symptoms so that a person's last days may be spent with dignity and quality,

Scholl Institute of Bioethics, 18030 Brookhurst PMB 372, Fountain Valley, CA 92708
818-880-4331 • email: info@schollbioethics.org • www.schollbioethics.org

surrounded by loved ones. Hospice care is also family-centered; it includes the patient and the family in making decisions. The physician might recommend hospice. Or the patient and family might ask about the possibility. What is next? What help is available?

The choice is not easily made, because it requires an acknowledgement of the terminal nature of the illness. However, many patients and families state that they wish they would have asked for hospice sooner. Care is available at home, in the nursing home, assisted living facility, inpatient hospital or a special hospice center. Hospice helps provide the care and compassion that all patients and families need when they face the daily challenges of a person's final days of life.

Palliative care grew out of hospice care, but it is different in that it is for people in active treatment programs who seek to optimize their comfort and quality of life even as they struggle with the implications of a serious, possibly life-limiting, illness.

Many people assume that receiving palliative care means giving up. This is simply not true. The World Health Organization defines palliative care "as an approach that improved the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual." Palliative care can be offered together with treatments for a variety of conditions that affect the heart, kidney, lung, and liver. It is also utilized in the care of patients with HIV, cancer, and various neurological conditions including dementia and ALS.

Since the goal of palliative care is to meet the needs of the whole patient and his family, it includes a team of professionals— doctor, nurse, chaplain, social worker, psychologist, pharmacist— whatever provides the person and her family relief from the symptoms and stress of the illness. This team will work together and with the patient to treat pain and other physical discomforts, as well as optimizing a person's nutrition, sleep, and ability to maintain independence in activities of daily living.

Palliative care recognizes life and death are part of a normal process and we all should live each day to the fullest. The beauty of this approach is that it is applicable early in the course of illness, in conjunction with other therapies that are intended to cure an illness or prolong life, such as chemotherapy, radiation, surgery, and other efforts. It offers a support system to help patients live as actively as possible throughout the course of their illness. Some people move in and out of palliative care. Others might transfer from palliative care to hospice. Regardless, palliative care can enhance the quality of life and, best of all, may positively influence the course of the illness.

It is natural to wonder who pays for this intensive type of care. Medicare, Medi-Cal, and many private insurances as well as managed care plans help defray the cost. Veteran's may be eligible for coverage through the Department of Veteran affairs. Since each situation is unique it is best to check with your insurance carrier.

Understanding the difference between hospice and palliative care is important in deciding the plan of care in any person diagnosed with a serious illness. The clinical teams of both are there to help the patient live their God-given gift of life as completely as possible.

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