Wyoming Center
on Aging

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Palliative Care and End of Life

Objectives:

- Distinguish between palliative care and hospice
- Recognize barriers to end-of-life care
- Identify approaches to conversations about transitioning to hospice

Palliative Services

Paid by insurance, self

Any stage of disease

Same time as curative treatment

Typically happens in hospital

In Common

Comfort care

Reduce stress

Offer complex symptom relief related to serious illness

Physical and psychosocial relief

Hospice Services

Paid by Medicare, Medicaid, insurance

Prognosis 6 months or less

Excludes curative treatment

Wherever patient calls home

When is it time to refer to hospice?

- When there is a life-limiting, progressive illness with a prognosis of six months or less
- Curative treatments have failed
- Treatment has become a burden
- The patient is concerned about quality of life

The conversation about hospice is usually initiated by the patient's medical provider. Often the social worker, nurse, care manger, or chaplain has the heart-to-heart discussion with the patient and family.

Common barriers to accepting hospice care:

I don’t want to give up hope.

It is too hard to talk about dying.

I don’t want to say good-bye.

I’m afraid.

I don’t want to suffer.

The benefits of hospice

- The Medicare Hospice benefit- services are covered by Part A
- Care is interdisciplinary
- Takes place where the person considers home
- At the time of death there are skilled friends providing care

Meeting with the patient and family to discuss hospice takes skill and patience

- Be observant
- Build a trusting relationship
- Ask, tell, ask
- Be gentle—sit, use a calm voice, listen
- What matters now?

A large part of the task is helping people negotiate the overwhelming anxiety—anxiety about death, anxiety about suffering, anxiety about loved ones, anxiety about finances. There are many worries and real terrors.

No one conversation can address them all.

COVID Complications

- Wearing a mask and a shield makes conversation more difficult, especially for patients who are hearing impaired.
- Physical distancing.
- Limited support. Family members are often on the phone in the car or at home.
- Unable to hug or put a hand on the shoulder of the patient or caregiver.

"The importance of the relationship has never been clearer."

Debra Rivey, oncology LCSW

Sometimes Hospice looks like this.

Resources

- Byock, Ira. *The Best Care Possible: A Physician's Quest to Transform Care Through the End of Life*. New York, New York: The Penguin Group (USA) Inc., 2012.

- Gawande, Atul. *Being Mortal: Medicine and What Matters in the End.* New York, New York: Metropolitan Books, Henry Holt and Company, LLC. 2014.