Comparing & Contrasting Palliative Medicine and Hospice Care

Catholic Palliative Care Services

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Disclosure

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Agenda/Objectives

- Define Palliative Care
- Discuss History of Palliative Care and Hospice
- Describe Palliative Care Criteria
- List Hospice Levels of Care
- Compare Palliative Medicine vs. Hospice

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Palliation

- From the Latin root word *Pallium*
- Which referred to an outer garment that covered or cloaked a person or object
- Suggests that palliative care can effectively “cloak” the symptoms of serious illness
- Although it has it roots in the hospice movement, the focus of Palliative Care goes beyond end-of-life care

What is Palliative Care?

- Prevention and relief of symptoms of a serious illness at any age and at any stage of serious illness (Cancer, COPD, CHF, kidney failure, Alzheimer's, ALS, and many more…)
- Patients will continue with the life-prolonging therapies
- Attention to emotional and spiritual needs
- Care for the patient and family as a unit
- Sensitive communication, goal setting and advance care planning
- Interdisciplinary care

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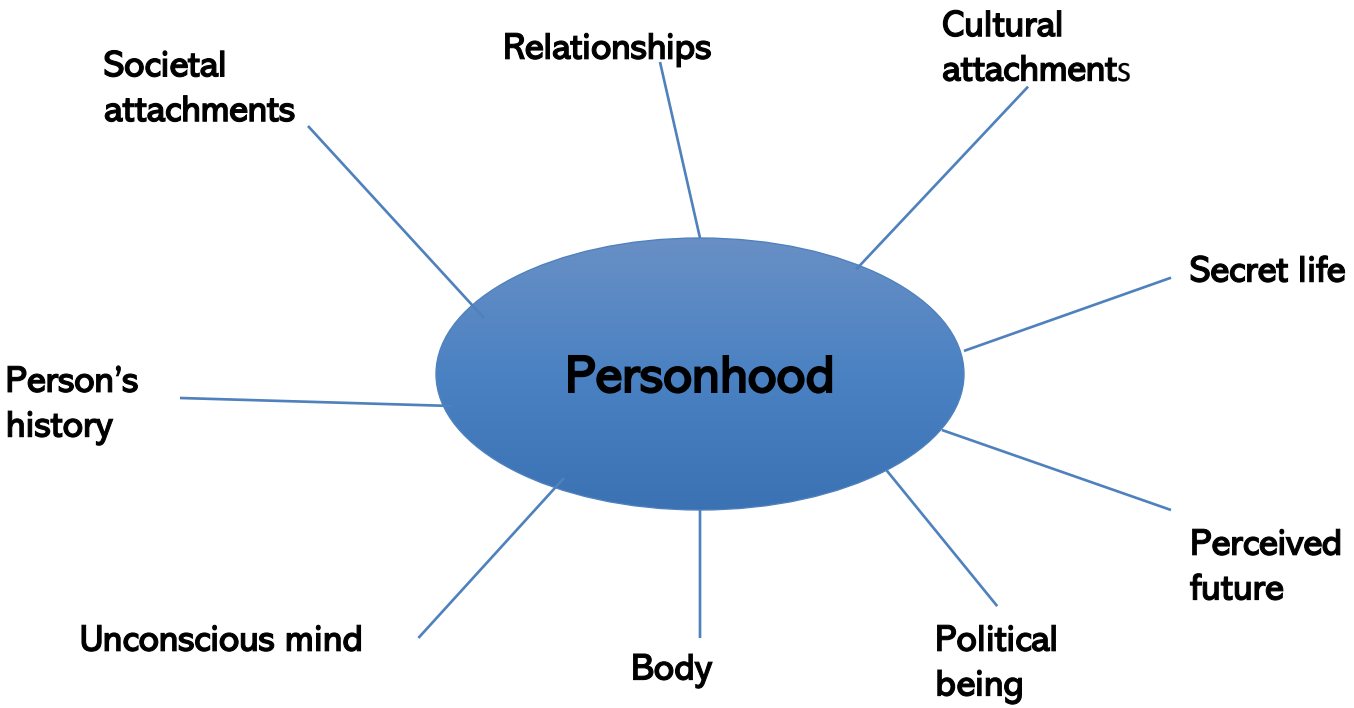
Societal attachments
Relationships
Cultural attachments
Secret life
Person's history
Personhood
Perceived future
Unconscious mind
Body
Political being

Suffering

Cassell's concept of suffering: he defined suffering as the state of severe distress associated with challenges that threaten the intactness of the person.

- **Physical**
- **Emotional**
- **Social**
- **Spiritual**

Medicine's traditional mind-body dichotomy, will cause physicians misunderstand the meaning of suffering.

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Physical Suffering
The Palliative Response

- **Pain and multiple non-pain symptoms**
  - **–Treat pain; it is frequently under-treated**
  - **–Assess/treat other sources of physical distress (Fatigue, Nausea , Vomiting and etc.)**
- **Symptom Prevention–Foster compliance with treatment plan**

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Emotional Suffering
The Palliative Response

- Depression
- Anxiety
- Delirium
- Loneliness

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Social Suffering
The Palliative Response

- Limited Income
- Lack of Insurance–Insurance often does not cover prescription medicines and home health services
- Inadequate Housing
- Social Isolation
- Caregiver Fatigue

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Spiritual Suffering
The Palliative Response

- Loss of hope
- Inability to sustain relations with faith community
- Search for meaning

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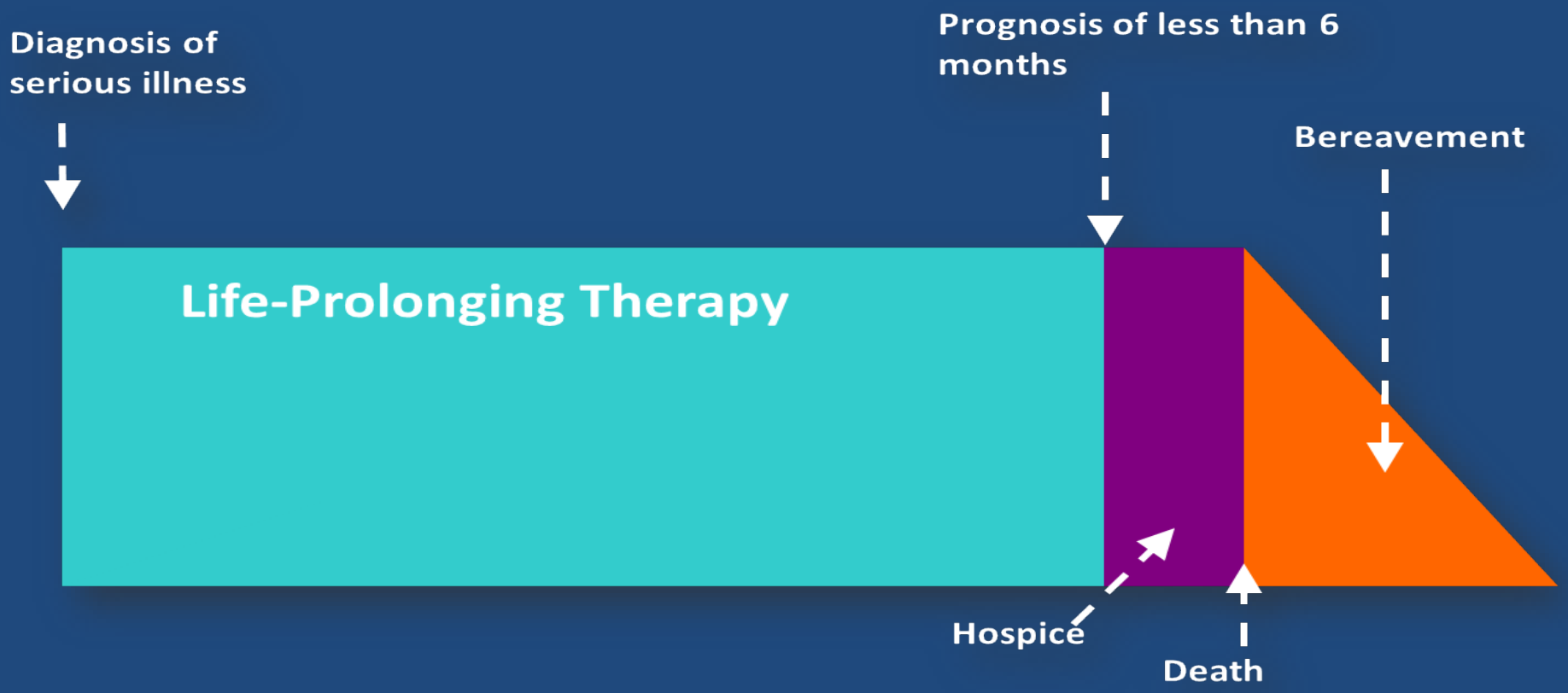
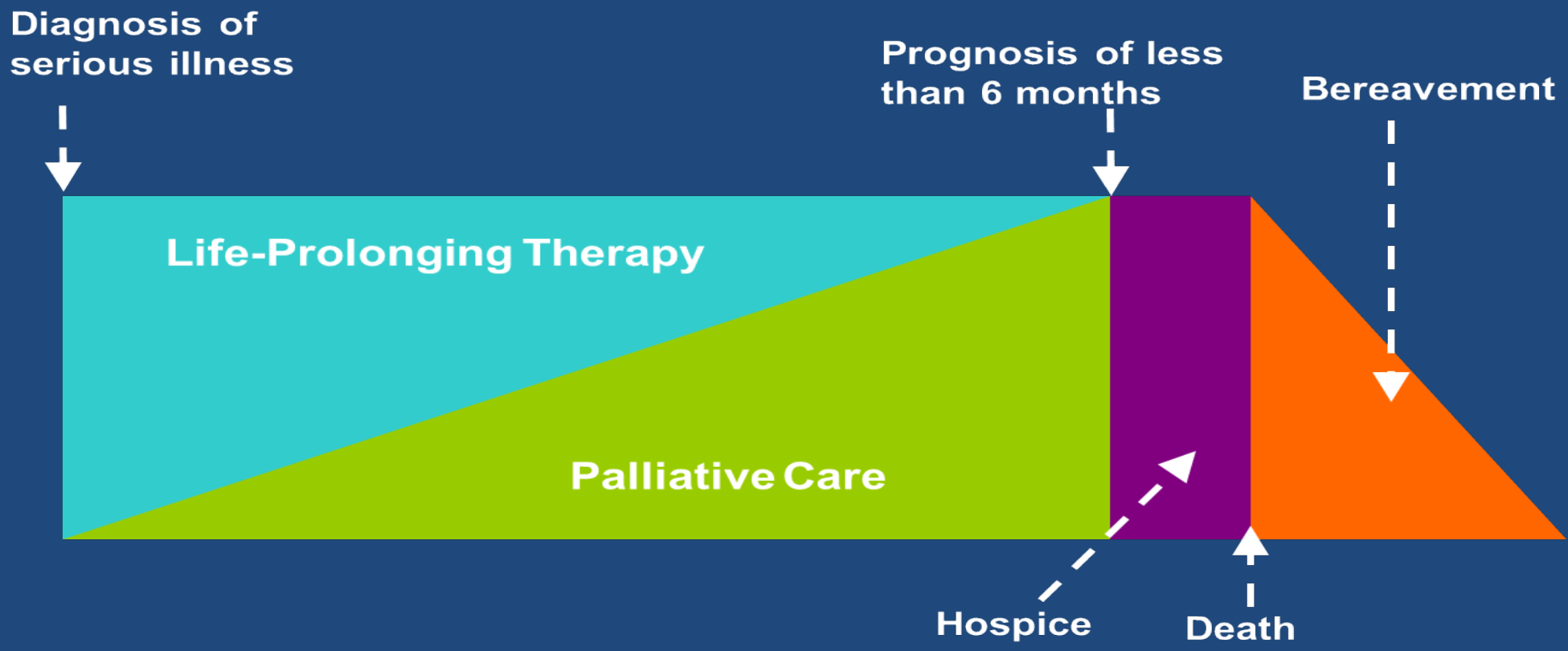


Traditional Healthcare Model



The Palliative Care Continuum

Palliative Medicine

- Treats complex pain syndromes and other symptoms
- Handles intensive patient/family communication
- Clarifies goals of care
- Supports the referring physician within an identified plan of care to maximize comfort at all stages of illness

Palliative Medicine

- Supports the referring physician by assuming coordination of care for the patient
- Beneficial to patients while they receive on-going disease-modifying treatment
- Facilitate transition of patients to hospice for end-of-life care when appropriate

Palliative Consult Triggers

- **Frequent admissions for same condition within several months**
- **Complex, difficult symptoms or psychological need**
- **Functional dependence for complex home support needed**
- **Decline in functional status, weight, or ability to care for self**
- **No history of advance care planning**
- **Limited social support**
- **The "surprise question": *You would not be surprised if the patient died within 12 months***

Early Palliative Care Consult in Cancer

- New England Journal of Medicine(NEJM) published a RCT study in 2010 that showed the benefit of early palliative care consult in cancer patients
- Early Palliative consult in metastatic non–small-cell lung cancer
  - Pt had a better quality of lihe
  - Fewer depressive symptoms
  - Median survival was longer (11.6 months vs. 8.9 months)

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History of Hospice

- The word “hospice” derives from the Latin word hospes, which means both “guest” and “host.”
- Since the 11th century, the concept of hospice was adopted by the Roman Catholic tradition
- Dame Cicely Saunders introduced the modern hospice – St. Christopher’s Hospice in London 1960s
- U.S. 1970
- Medicare Benefit 1982-enacted in 1986

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Hospice

- Hospice is palliative care with some rules.
- It's a concept, not a place
- Generally there is a terminal diagnosis with six months prognosis
- Patient is not pursuing a curative approach to care.
- Any Medicare beneficiary is entitled
- Recognizes dying as part of the normal process of living
- Affirms life and neither hastens nor postpones death.

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Facts

25% OF DEATHS OCCUR AT HOME - MORE THAN 80% OF AMERICANS WOULD PREFER TO DIE AT HOME.

Hospice

- **Allow patients to remain in their ‘home’ (House, ALF, nursing home, street…)**

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Patient Choice

- Patient has to indicate they know they have a life limiting disease
  - Disease is beyond therapy
  - Patient/family refuse therapy
- Patient or surrogate sign an informed consent to get enrolled into hospice

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Levels of care

- Routine home care
  - Patient lives “at home”
    - House
    - Apartment
    - ALF
    - LTC
    - Street
  - Hospice developed to allow patients to remain in their ‘home’

Levels of care

- Inpatient care
  - Care given in facility not the patient's residence for symptoms that cannot be managed under routine care at home
    - Pain
    - SOB
    - N/V
    - Delirium
    - Psycho-social crises
  - Either in dedicated hospice units or 'contracted beds'

Levels of care

- Continuous care
  - For situations where symptoms are out of control and patient should be at inpatient care
  - Patient or family refuses to leave residence
  - Skilled nurses remain at bedside for care

Levels of care

- Respite care
  - Caregiver is exhausted and needs break
  - Caregiver needs to go out of town for family event or emergency and patient needs to be kept safe
  - “Baby-sitting” for patient whose needs have not changed

Who Pays?

- Any Medicare beneficiary is entitled
- Medicare , Medicaid , HMOs, private insurances, private pay, or combination of these
- Covers all equipment, medication and professional care related to the terminal illness.
- Patients can revoke at any time.

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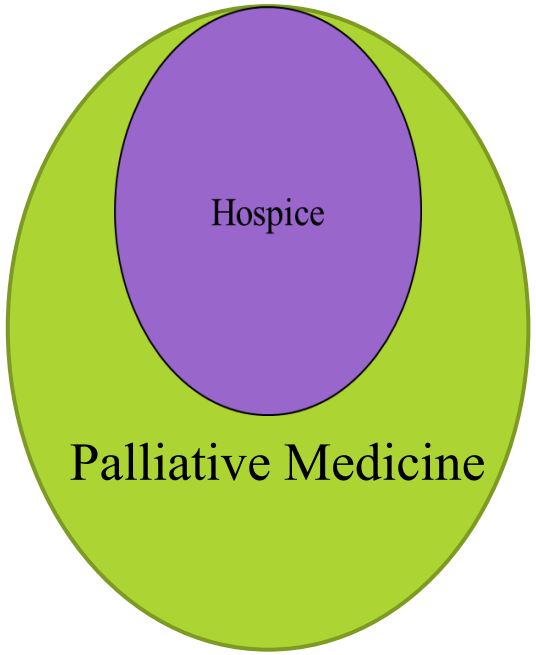
Compare and Contrast

- Interdisciplinary care for patients with serious life-threatening illnesses
  - Prognosis estimated at < 6 months if disease runs its expected course (life-limiting illness)
- Emphasizes pain and symptom management and psychosocial/spiritual support
  - Primary goals relate to quality of life goals and symptom control
- Is tailored to the needs and wishes of patients and their families, as is hospice
- Part B fee-for-service physician consultation practice vs Part A Medicare entitlement with per diem reimbursement and defined levels of care



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