

PALLIATIVE CARE & HOSPICE CARE – WHAT'S THE DIFFERENCE?

Many people confuse palliative care and hospice, thinking they are one and the same. Although they share a similar philosophy, they are not the same.

By definition, Palliative Care focuses on relieving symptoms that are related to serious, chronic illnesses. Palliative Care can be used at any stage of illness – not just the advanced stages.

Hospice care is Palliative Care but with a focus on serving and comforting patients and families at the end of their lives or as the illness becomes terminal.

Both Palliative care and Hospice care use a team approach to focus on quality of life or “comfort care,” including the active management of pain and other symptoms, as well as the psychological, social and spiritual issues often experienced with serious illness and at the end of life.

TO BETTER UNDERSTAND HOW THESE PROGRAMS DIFFER, TAKE A LOOK AT THE TABLE BELOW :

	PALLIATIVE CARE	HOSPICE
ELIGIBILITY	Palliative care is for people of any age and at any stage in an illness, whether that illness is curable, chronic, or life-threatening. If you or a loved one are suffering from symptoms of a disease or disorder, be sure to ask your current physician for a referral for a palliative care consult.	Specific to the Medicare Hospice Benefit, a patient is eligible for hospice care if two physicians determine that the patient has six months or less to live if the terminal illness runs its normal course. Patients must be re-assessed for eligibility at regular intervals in order to meet ongoing coverage criteria, but there is no limit on the amount of time a patient can be on the hospice benefit.
TIMING	There are no time restrictions. Palliative care can be received by patients at any time, at any stage of illness whether it be terminal or not. Should the patient's serious illness become terminal with a prognosis of six months or less, it may be appropriate to consider a referral to hospice care.	Now is the best time to learn more about hospice and ask questions about what to expect from hospice services. Although end-of-life care may be difficult to discuss, it is best for family members to share their wishes long before it becomes a concern.
PAYMENT	Most insurance companies cover both Hospice and Palliative Care. Medicare coverage for Palliative home care can be challenging as the patient must meet Medicare eligibility which includes being homebound or confined to the home. People with a serious illness may not be homebound as they try to maintain a quality of life including socialization outside the home.	For those on Medicare, there is a Medicare Hospice Benefit available for patients whose life expectancy is six months or less, as determined by their physician. Medicaid hospice coverage is the same as the Medicare benefit. Also, some commercial insurance companies also offer hospice coverage. If you are unsure of coverage, contact your insurance company.
LOCATION	It is most common to receive Palliative Care through your physician's office, home care services, hospitals or nursing homes.	In most cases, hospice is provided in the patient's home—wherever they may call home which may include their own home/residence, an assisted living facility, a group home or a nursing home. Hospice care is also provided in freestanding hospice facilities, hospitals, or nursing homes.
TREATMENT	Since there are no time limits on when you can receive palliative care, it acts to fill the gap for patients who want and need comfort at any stage of any disease, whether terminal or chronic. In a palliative care program, there is no expectation that life-prolonging therapies will be avoided. It is important to note, however, that there may be exceptions. Some hospice programs provide life-prolonging treatments, and some palliative care programs concentrate mostly on end-of-life care. Consult your physician or care-administrator for the best service for you.	Most hospice programs concentrate on comfort rather than cure. By electing not to receive extensive life-prolonging treatment, hospice patients and their families can concentrate on getting the most out of the time they have left, without some of the negative side-effects that life prolonging treatments can have. Most hospice patients can achieve a level of comfort that allows them and their families to concentrate on the emotional and practical issues of dying. The focus of hospice care is more on the quality not the quantity of the life remaining.