What Is Hospice Care?

_Hospice_ is a concept rooted in the centuries-old idea of offering a place of shelter and rest, or "hospitality" to weary and sick travelers on a long journey. Dame Cicely Saunders at St. Christopher's Hospice in London first applied the term "hospice" to specialized care for dying patients in 1967. Today, hospice care provides humane and compassionate care for people in the last phases of incurable disease so that they may live as fully and comfortably as possible.

Hospice is a philosophy of care. The hospice philosophy recognizes death as the final stage of life and seeks to enable patients to continue an alert, pain-free life and to manage other symptoms so that their last days may be spent with dignity and quality, surrounded by their loved ones. Hospice affirms life and neither hastens nor postpones death. Hospice care treats the person rather than the disease; it emphasizes quality rather than length of life. It provides family-centered care involving the patient and family in making decisions. Care is provided for the patient and family 24 hours a day and 7 days a week. Hospice care can be given in the patient's home, a hospital, nursing home, or private hospice facility. Most hospice care in the US is given in the home, with a family member serving as the main hands-on caregiver.

Hospice care is appropriate when you can no longer benefit from curative treatment and life expectancy is, at most, no longer than 6 months. You, your family, and your doctor decide together when hospice services should begin. If your condition improves or the disease goes into remission, you can be discharged from the hospice program and return to active cancer treatment, if desired. Hospice care may be resumed at a later time.

**Hospice Care Services**

Hospice care has several elements that distinguish it from other health care.

**Interdisciplinary Team**

Typically, an interdisciplinary health care team of physicians, nurses, social workers, counselors, home health aides, clergy, therapists, and trained volunteers cares for you, offering support based on their particular areas of expertise. Together, they provide comprehensive palliative care aimed at relieving symptoms and giving social, emotional, and spiritual support.

**Pain and Symptom Control**

The objective of pain and symptom control is to help you to be comfortable while allowing you to remain in control of your life. This means that side effects are managed to ensure that you are as free of pain and symptoms as possible, yet still alert enough to make important decisions. To learn more on this topic, please see Pain Control: A Guide for People with Cancer and Their Families.

**Spiritual Care**

Hospice care emphasizes the spiritual needs of you and your family. Since people differ in their spiritual needs and religious beliefs, spiritual care is individualized to meet your and your family's needs and may include helping you to look at what death means to you, to say good-bye, or to perform a specific religious ceremony or ritual. To learn more on this topic, please see Spirituality and Prayer.

_Sources: American Cancer Society, Revised: 8/04_
Home Care and Inpatient care

Although hospice care can be centered in the home, it may be necessary to be admitted to a hospital, extended-care facility, or a hospice inpatient facility. The hospice can arrange for inpatient care and will stay involved in your treatment and with the family, resuming in-home care when appropriate. To learn more on this topic, please see Home Care.

Respite Care

While you are in hospice, your family and caregivers may need some time away from the intensity of care-giving. Hospice service offers them a break through respite care, which is provided in 5-day periods. You will be cared for either in the hospice facility or in contracted beds in nursing homes or hospitals. Families can plan a mini-vacation, attend special events, or simply get much needed rest and recreation at home while you are cared for in an inpatient setting.

Family Conferences

Through regularly scheduled family conferences, often facilitated by the hospice nurse or social worker, family members can stay informed about your condition and what to expect. Family conferences also provide a chance to share feelings, talk about expectations, and learn about death and the process of dying. Family members can find great support and stress relief through family conferences.

Bereavement Care

Bereavement is the time of mourning following a loss. The hospice care team works with surviving family members to help them through the grieving process. A trained volunteer, clergy member, or professional counselor provides support to survivors through visits, phone calls, and/or letter contact, as well as through support groups. The hospice team can refer family members and care-giving friends to other medical or professional care if necessary. To learn more on this topic, please see Coping With Grief and Loss: Bereavement Information for Children and Parents.

Volunteers

Hospice volunteers play an important role in planning and giving hospice care in the US. Volunteers may be health professionals or lay people who provide services ranging from hands-on care to working in the hospice office or fundraising.

Staff Support

Hospice care involves staff who are empathetic, good communicators and listeners, and who are interested in working with people who have life-threatening illnesses. Yet because the work can be emotionally draining, it is essential that support is available to help staff deal with the work-related stress that they may experience. Ongoing education about the dying process is also an important part of staff support.

Coordination of Care

The interdisciplinary team coordinates and supervises all care 7 days a week, 24 hours a day. This team is responsible for communicating between the inpatient facility, the home care agency, the physician, and other community professionals, such as pharmacists, clergy, and funeral directors.

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