

Hospice Care: For Comfort, Not Cure

By Gary L. Calligas

Hospice care involves a team of skilled professionals and volunteers who provide medical, psychological and spiritual care for the terminally ill, as well as a strong support system and grief counseling for the patient's family. Hospice is often referred to as "end of life care" because the focus changes from cure and healing to making the patient as comfortable and pain free as possible when an individual is deemed to be in the last phases of an incurable disease. Although hospice care can be administered in the home or other senior residence, some provide their services on-site in their own facilities.

Although hospice care has been available for almost 50 years, it is often misunderstood. The biggest misconception about hospice care is that it's about giving up hope or hastening death, when the truth is that patients are referred to hospice to enhance the quality of remaining life. It offers the individual comfort and dignity while giving the family needed respite and emotional support so they can spend the patient's last days with purpose and grace.

Anyone who has a terminal diagnosis with a prognosis of six months or less to live is eligible for hospice care. The patient is not discharged from hospice if they live past the six months unless physicians determine that they are no longer terminal. A patient can go on and off hospice care as needed, or if they decide to return to curative treatment. Certain treatments are allowed if they are for comfort or symptom control, and are not intended to prolong life. A hospice patient isn't necessarily homebound. If they are able, they can leave the home, and are actually encouraged to do so if they so desire.

Although hospice does not generally provide round-the-clock care, most patients have services at their disposal 24 hours a day, seven days a week as needed. Doctors, nurses, therapists, aides, clergy, counselors, and trained volunteers form the team that develops an individualized care plan based on each patient's needs. They typically provide drugs, therapies, medical supplies and equipment. Aides assist with personal care and offer respite for family caregivers. They may offer light housekeeping and meal preparation. Counselors and clergy provide emotional and spiritual support according to the family's wishes and are available to assist with end of life decisions, funeral preparations, and afterwards in dealing with grief.

Medicare, Medicaid, the Department of Veterans Affairs, most private insurance plans, HMOs, and other managed care organizations cover most of the costs for hospice care. Additionally, community contributions and foundation gifts allow many hospices to give free services to patients who can't afford payment.

If hospice care is recommended for your loved one by their physician, begin your search by asking them, friends, and other family members for their recommendations. Ask each hospice for brochures outlining services, eligibility requirements, costs, and references. Choosing a hospice provider for your loved one has been described like "picking a friend", as the relationships with the staff are as important as the services provided. Determine if the same hospice workers will be assigned on a regular basis.

Remember that hospice is not about giving up hope, but rather is a compassionate approach to the last phase of life.

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