Hospice Care





Understanding Hospice Care

Hospice is a special type of care designed to provide comfort, support and dignity at the end of life. Hospice care begins when a person chooses to stop receiving treatment for cancer.

The goal of hospice care is to make this next phase of life as comfortable and meaningful as possible. Hospice cares for the whole person with a special emphasis on controlling pain and discomfort.

Hospice can provide many benefits that are not available in a traditional health care setting. Hospice also addresses the emotional, social and spiritual impact on the patient, family and caregivers.



Selecting Hospice

When you have fewer than 6 months to live, your care team may recommend a transition to hospice care.

Hospice is different from palliative care. Hospice and palliative care both focus on keeping the patient comfortable, but treatment to cure an illness, such as an infection, is stopped during hospice care. Hospice will focus only on managing your symptoms.

Choosing a hospice agency is a personal decision and depends on your health needs and values. When you are ready, your case manager navigator will discuss potential agencies that can best meet your needs.

Hospice can:

- Approve some services, such as oxygen.
- Cover the cost of equipment and medicines for your symptoms.
- Remove the need for routine labs or imaging studies.
- Allow you to leave your home for activities.
- Provide support to your family and caregivers.

When you transition to hospice, MD Anderson will no longer provide your medical care. You will not need to receive continued medical care for cancer anywhere else. You will no longer need to wait in a doctor's office or visit the emergency room for medical care.

Hospice typically meets the needs of most cancer patients. However, if your medical needs change, you can end or revoke your hospice service any time. If you do, you could return to MD Anderson for your care. You will still be able to return to hospice care at a later date, as long as you are eligible.

You may exhibit physical symptoms during your final days which could be difficult for your loved ones to see. Your caregivers can contact the hospice agency for guidance if they have any questions about new or worsening symptoms.

Goals of Hospice

Physical Comfort

Many symptoms, like pain, fatigue and nausea, can affect your quality of life. The hospice team will work closely with you and your caregivers to focus on symptom management.

Your physical needs will also be attended to while receiving hospice care. This includes providing comfort through changes in body positioning and paying attention to your personal hygiene.

Family and Caregiver Support

Many family members and caregivers feel unprepared for their role. Hospice can provide resources and information about what caregiving can include.

Emotional Well-Being

Hospice helps patients, families and caregivers cope by providing emotional support during this challenging time. They can answer questions with honest compassion and address your fears and anxieties about the future.

Spiritual Support

Hospice recognizes the importance of religious and spiritual values. Transitioning to hospice may lead to doubts about beliefs. A person's sense of purpose and connection to what matters most may be challenged. Hospice can provide spiritual support specific to each person.

Types of Hospice

Home Hospice

Hospice care is most often provided at home. A hospice nurse will come to your home to check on you. How often a nurse visits will depend on your needs. A nurse may visit as often as every day or only once a week. **They do not provide 24-hour care**.

Your loved ones will need to provide your day-to-day care, including:

- Bathing and personal hygiene
- Helping you go to the bathroom
- Medical care such as changing bandages or taking your blood pressure
- Managing your medicines

You will need to have family or friends with you throughout the day and night. It is recommended that 3 adult caregivers take turns providing care at home. It is important for you to create a schedule in advance.

Balancing caregiving with other responsibilities can be stressful. **Respite care** (short term caregiver relief) may be provided by the hospice so that caregivers can take a break and address their other responsibilities.



Inpatient Hospice

Inpatient hospice is provided in a nursing home or healthcare facility. The residential fees of inpatient hospice care are not usually covered by the hospice insurance benefit. It may be a separate cost.

If you are admitted to a hospital inpatient unit, it is typically a short term stay and not considered residential. You will return to your home hospice once your needs have been addressed.

Members of the Hospice Team

Hospice care involves a team approach. People with special knowledge and skills work together to care for you and your family. The team may include:

- Medical director
- Hospice coordinator
- Doctor
- Nurse
- Chaplain
- Social work counselor

Additional services may be provided by a dietitian, pharmacist, physical or occupational therapist, home health aide and volunteers.

Once you choose a hospice agency, your MD Anderson care team will start transitioning your care to the hospice agency. You will meet with your hospice agency and be introduced to your new care team. The hospice agency will become your primary contact for any medical needs.

Questions to Ask Hospice

When making a decision about hospice care, it is important to be as informed as possible. Here are some questions to consider when deciding on a hospice agency.

General Questions

- Is the hospice accredited by Medicare?
- Is the medical director and clinical staff certified in palliative care or hospice?
- How long has the hospice been in operation?
- What extra services might the hospice offer that others do not?

Home Hospice

- How will hospice work with the patient and family?
- Will hospice provide a sitter or respite care for caregiver relief?
- Is there access to a hospice nurse or doctor 24 hours a day,
 7 days a week?
- How quickly can someone come to the house if help is needed?
- How often will a physician, nurse practitioner or nurse visit?
- How often will a nursing assistant come to the home?
- How often will a chaplain or social worker visit?
- Will the hospice deliver medicine by mail or directly to the house?
- Can antibiotics be prescribed for comfort care and who will monitor the antibiotic use?
- Will the hospice monitor blood sugars and hydration?
- Will the hospice give subcutaneous or IV fluids?
- Will the hospice give blood products?

- Will they provide medical equipment like a bed or commode?
- Do they provide bathing and personal care services?
- Is there an inpatient unit if the patient's symptoms cannot be controlled at home?

Inpatient Hospice

- What are the criteria to be admitted to an inpatient unit?
- How long can a patient stay in the inpatient unit?
- What specific types of care are provided?
- How often will a physician, nurse practitioner or nurse visit?
- How often will a chaplain or social worker visit?
- Will there be access to services like physical or occupational therapy?

Cost of Hospice Care

- Is the hospice provider within the patient's insurance coverage plan?
- Are there medications that are not covered by hospice?
- Does hospice cover the cost of durable medical equipment (DME)?
- Is hospice a benefit that can be changed, with a return to traditional coverage?

Other Services

- Does the hospice service help with putting financial matters in order?
- What other services are offered, such as counseling, support groups, etc.?
- What kind of bereavement services does the hospice offer?

Resources

For more information on hospice, talk with your health care team or review these online resources.

MD Anderson Cancer Center MDAnderson.org/AdvanceCarePlanning

American Hospice Organization

AmericanHospice.org/Learning-About-Hospice/Choosing-a-Hospice-16-Questions-to-Ask/

Transitioning to Hospice video MD Anderson Cancer Center bit.ly/MDAHospiceVideo



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Revised 12/2024, Patient Education