Palliative Care Versus Hospice Care

Brando Opimo, APRN, ACHPN; Emily Brown, MSN, ARPN, FNP-BC

PURPOSE

To compare and contrast Palliative Care with Hospice Care, which is a common source of confusion among clinicians and anxiety among patients.

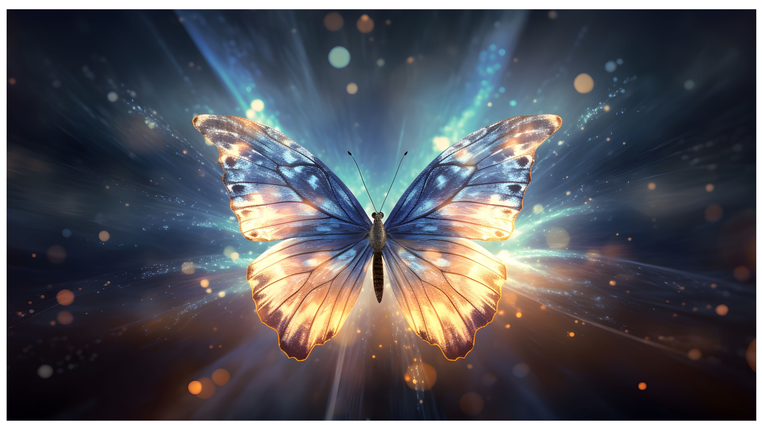
EDUCATION

What is Palliative Care?

Palliative Care is specialized medical care for people living with a serious or chronic illness, such as cancer, dementia, or heart failure. We participate in patient and family discussions about care goals and treatment planning. We also work with other providers to manage common symptoms related to a serious or chronic illness.

What is Hospice Care?

Hospice Care is Palliative Care for patients at or nearing end-of-life. It is only a small part of Palliative Care. With hospice, the focus of medical care shifts to comfort measures instead of cure.



FREQUENTLY ASKED QUESTIONS

Can patients in Palliative Care continue with their treatments intended to cure their serious or chronic illness?

Patients in Palliative Care may continue to follow up with their medical providers or specialists and receive treatments intended to cure their serious or chronic illness. The palliative Care team works alongside other providers.

Can hospice patients continue with their treatments intended to cure their serious or chronic illnesses?

Patients on hospice generally forego treatments intended to cure their serious or chronic illness, allowing the natural course of the illness. The hospice team takes over the medical care of the patient by managing symptoms and assuring comfort as much as possible until the time of death.

INTERDISCIPLINARY TEAM (IDT)

Palliative Care Specialists
Physicians
Nurse practitioners
Nursing leadership and staff
Case managers
Social workers
Chaplains
Risk managers
Patient Experience representatives
Family therapists
Child Life specialists
Pharmacists

HOSPICE INDICATIONS

General Indication:

A prognosis or life expectancy of six months or less if the terminal illness runs its normal course.

Specific Indications:

Part I. Decline in clinical status

- Progression of disease as documented by worsening clinical status, symptoms, signs, and laboratory results
- Decline in KPS or PPS from <70% due to progression of disease
- Increasing emergency room visits, hospitalizations, or physician's visits related to hospice primary diagnosis
- Progressive decline in FAST for dementia (from ≥7A on the FAST)
- Progression to dependence on assistance with additional ADLs
- Progressive stage 3-4 pressure ulcers in spite of optimal care

Part II. Non-disease-specific

- KPS or PPS <70%
- Dependence on assistance for two or more ADLs

Part III. Co-morbidities

- Chronic obstructive pulmonary disease
- Congestive heart failure
- Ischemic heart disease
- Diabetes mellitus
- Neurologic disease (CVA, ALS, MS, Parkinson's)
- Renal failure
- Liver Disease
- Neoplasia
- Acquired immune deficiency syndrome
- Dementia

REFERENCES

Centers for Medicare & Medicaid Services, 2023
National Coalition for Hospice and Palliative Care, 2018