

WHAT IS THE DIFFERENCE BETWEEN PALLIATIVE CARE AND HOSPICE CARE?

Hospice and Palliative care programs can provide patients with pain management, symptom control, psychosocial support, and spiritual care. However, they are two different forms of patient care.

What is Palliative care?

In palliative care, doctors can provide treatment to seriously ill patients in the hopes of lessening the pain of long lasting and long term symptoms. It supplements, rather than replaces, other treatments. A typical care team is made up of specialist doctors and nurses, including social workers, nutritionists, and chaplains. Palliative care can be provided in hospitals, nursing homes, outpatient palliative care clinics, and other specialized clinics, and at home.

WHO CAN BENEFIT FROM PALLIATIVE CARE?

As a resource, palliative care is suitable for anyone living with a serious illness, such as heart failure, chronic obstructive pulmonary disease, cancer, dementia, Parkinson's disease, or other serious health conditions. It typically begins from the point of diagnosis, and continues throughout any stage of illness. It can be provided along with curative treatment and is not prognosis-dependent. Along with an improvement in the patient's quality of life, palliative care can also help patients realize their autonomy and understand the choices available to them for medical treatment.

What is Hospice care?

Hospice care provides comprehensive comfort care to both the patient and their families in

preparation for the end of life. At the time of hospice care, all other attempts to treat the person's condition have stopped. A team of doctors, nurses, social workers, spiritual advisors, and trained volunteers work together to provide the patient who is near the end of their life with the medical, emotional, and spiritual support they might need. Hospice can be provided in any setting – at home, in a nursing home, an assisted living facility, or inpatient hospital.

WHEN IS HOSPICE CARE APPROPRIATE?

At the point where it may not be possible to treat a specific illness or if a patient has chosen not to undergo certain treatment, the patient may enter hospice care. Hospice is provided for a person with a terminal illness and whose doctor believes he or she has 6 months or less to live if the illness runs its natural course. Palliative care could transition into hospice care if the doctor believes that the ongoing treatment will no longer help the patient and believes the patient has a life expectancy of 6 months.

Link to Hospice Booklet on CCHRC website:

<https://www.cchrchealth.org/hospice/>

Sources:

<https://www.nia.nih.gov/health/what-are-palliative-care-and-hospice-care>

<https://www.webmd.com/palliative-care/difference-palliative-hospice-care#1>

<https://www.hospicesect.org/hospice-and-palliative-care>

The following chart includes information that is subject to change. Please consult with your insurance provider if you have any further questions.

	Palliative Care	Hospice Care
Who is it for?	Anyone living with a serious illness, at any stage	Patients who are no longer receiving treatment with 6 months or less to live
How long will I be cared for?	Depends on type of care needed and your insurance	For as long as you meet the criteria of needing hospice
Will my symptoms be relieved?	Yes, palliative care utilizes medications to relieve symptoms	Yes, hospice care will prescribe medication to lessen symptoms
Can I continue to receive treatments to cure my illness?	Yes, palliative care is not a replacement for treatments	No
Will Medicare pay?	Depends on your benefits and treatment plan	Yes
Is it covered by private insurance?	Depends on type of plan	Yes
When will can care begin?	At diagnosis, at the same time as treatment	After treatment of the condition has stopped
Where can I receive this care?	<ul style="list-style-type: none"> • Home • Assisted living facility • Nursing home • Hospital 	<ul style="list-style-type: none"> • Home • Assisted living facility • Nursing home • Hospice facility • Hospital

*chart based on information provided by the NIH