PALLIATIVE CARE VS. HOSPICE CARE

Comparing & Contrasting Services

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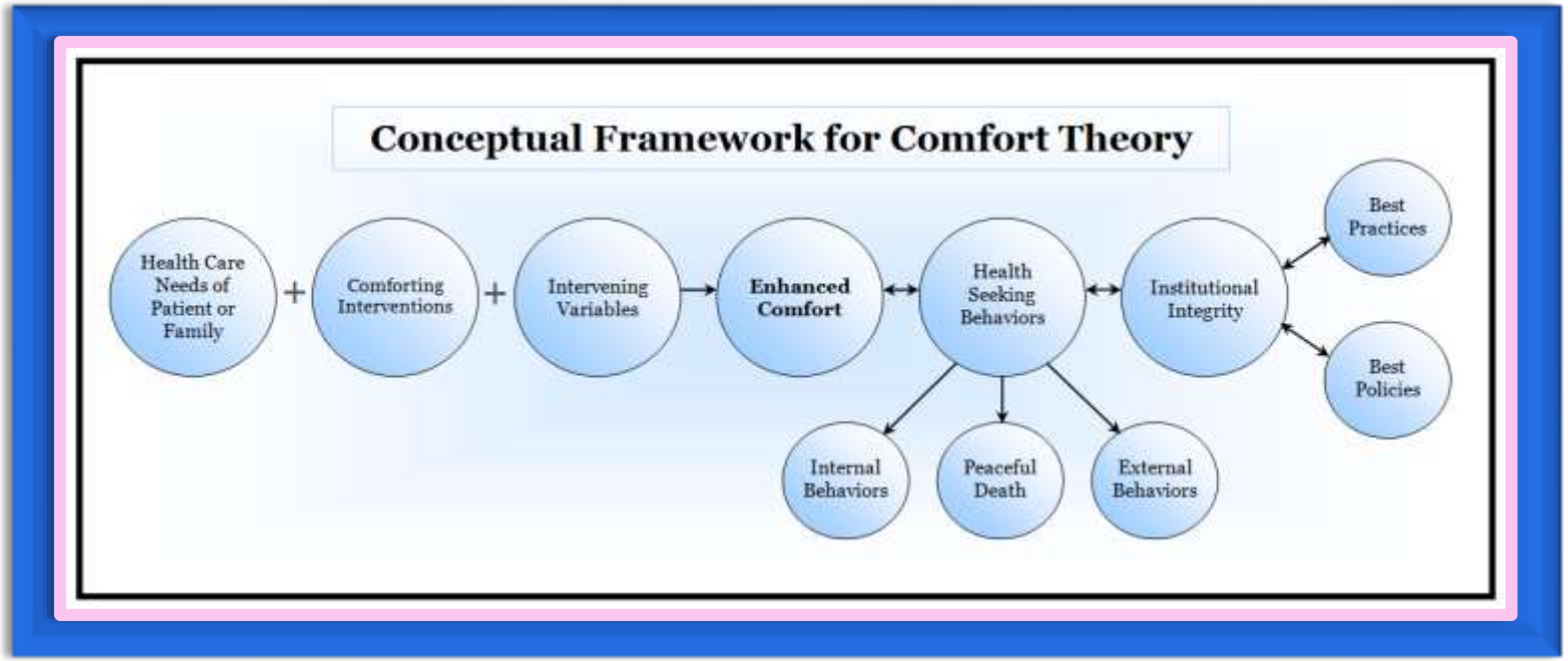
COMFORT THEORY



'Comfort Care in Nursing' Diagram taken from Google Images

PALLIATIVE HOSPICE

Defining Characteristics of Palliative & Hospice Care

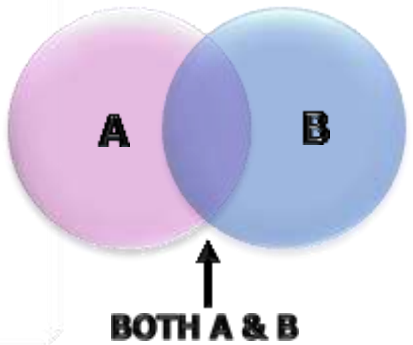
- Palliative Care as part of traditional Curative Matrix path
- Hospice as part of an alternative paradigm for healing
- The importance of distinguishing between the two
- Influence on Ethics of Care

PALLIATIVE HOSPICE

PRINCIPLE SIMILARITIES

- Systems Based
- Patient/Family Centered
- Comfort Care Focused
- Quality of Life Emphasis

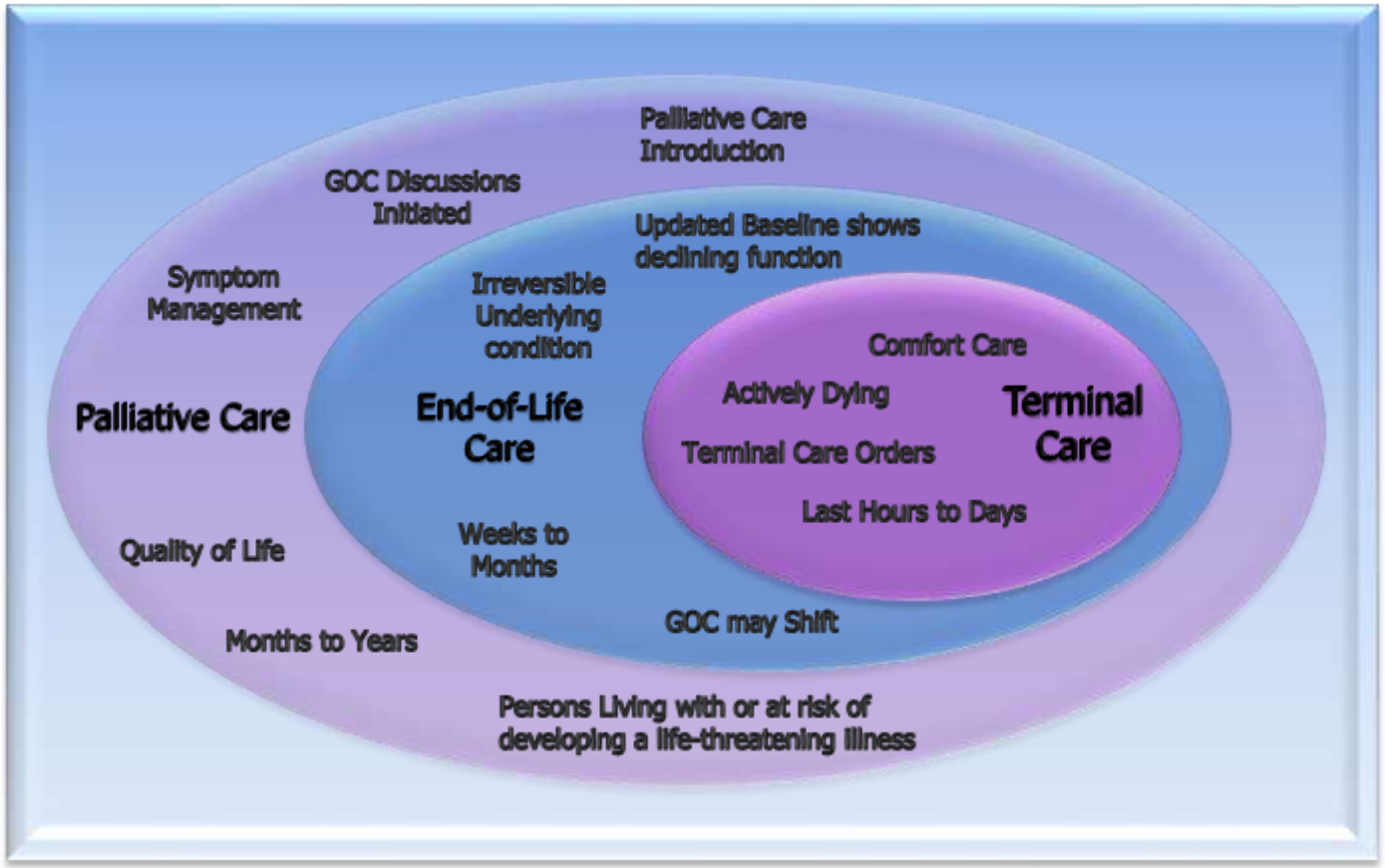
VENN DIAGRAM



PRINCIPLE DIFFERENCES

- Care Services Location
- Timing
- Payment Method
- Eligibility For Services
- IDG Team Structure

DIFFERENT CARE NEEDS



RESISTANCE

TO HAVING 'THE CONVERSATION'

Q1. **Why are so many people/families reluctant to 'have the conversation'? What are some ways the resistance shows up?**

Q2. **Why are so many people/families reluctant to accept hospice services sooner?**

Things to consider:

Situational Context; i.e., how old; state of health; nature of illness

Cultural; Socio-economic; Religious factors

Character traits; Life circumstances; Family of origin; Gender

Past (regrets); Relative present (milestones); Future (dreams)

COMMON BARRIERS

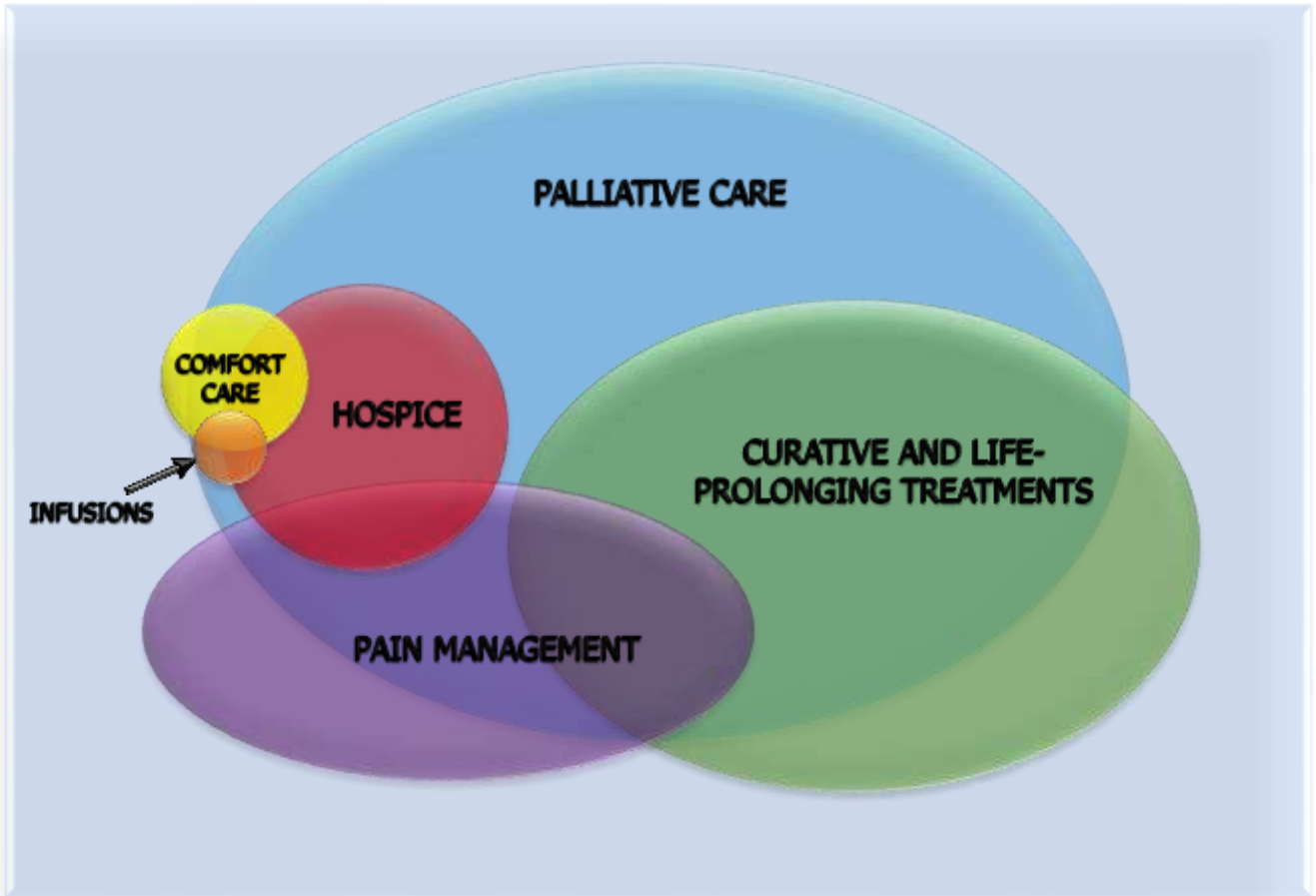
TO HAVING 'THE CONVERSATION'

COMMON BARRIERS

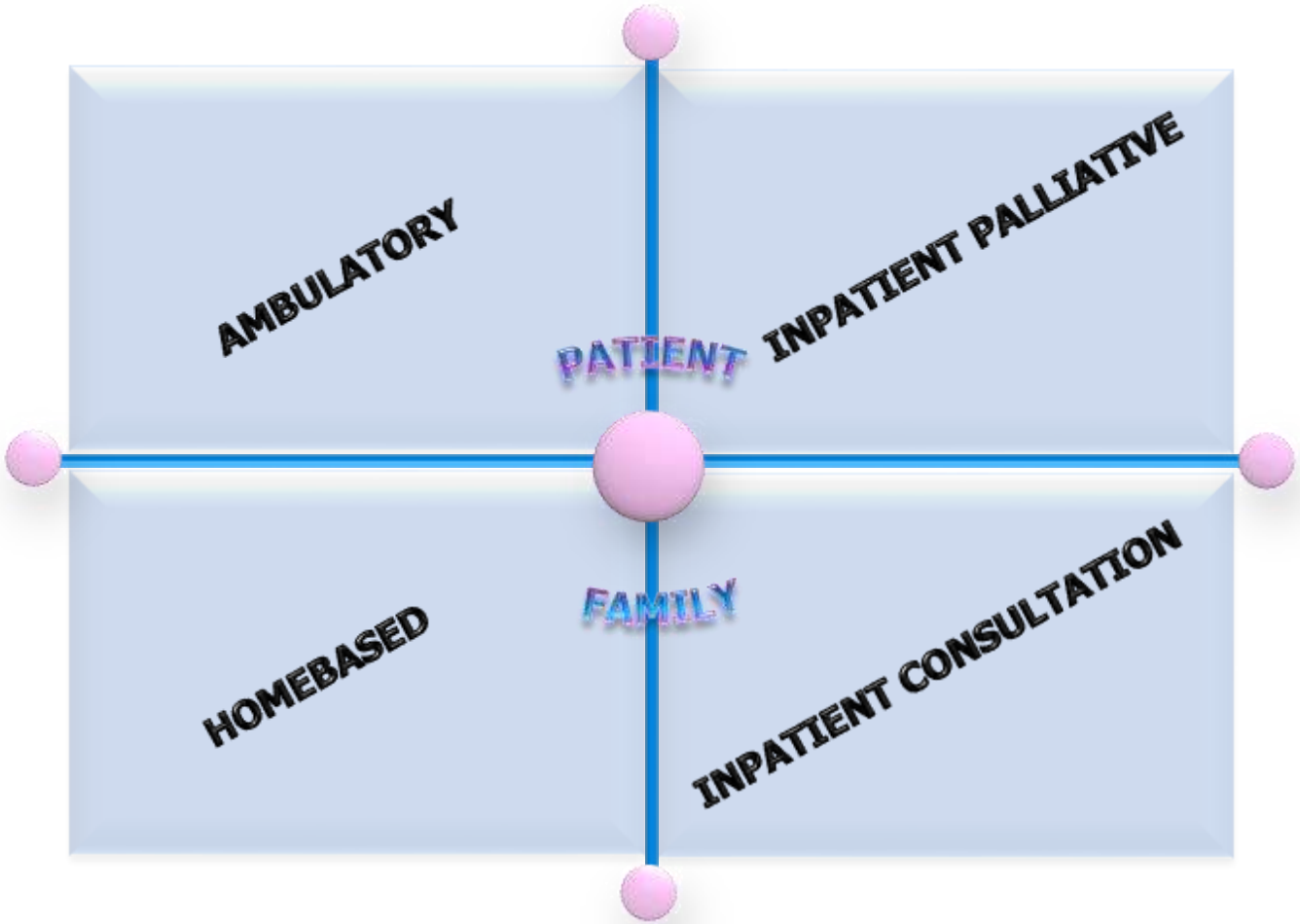
- The Health Care System
- Fear & Uncertainty
- Lack of Understanding
- Poor Communication
- Life Circumstances
- Insufficient Information
- Beliefs, Assumptions, Expectations

PALLIATIVE CARE

PALLIATIVE CARE SPECTRUM



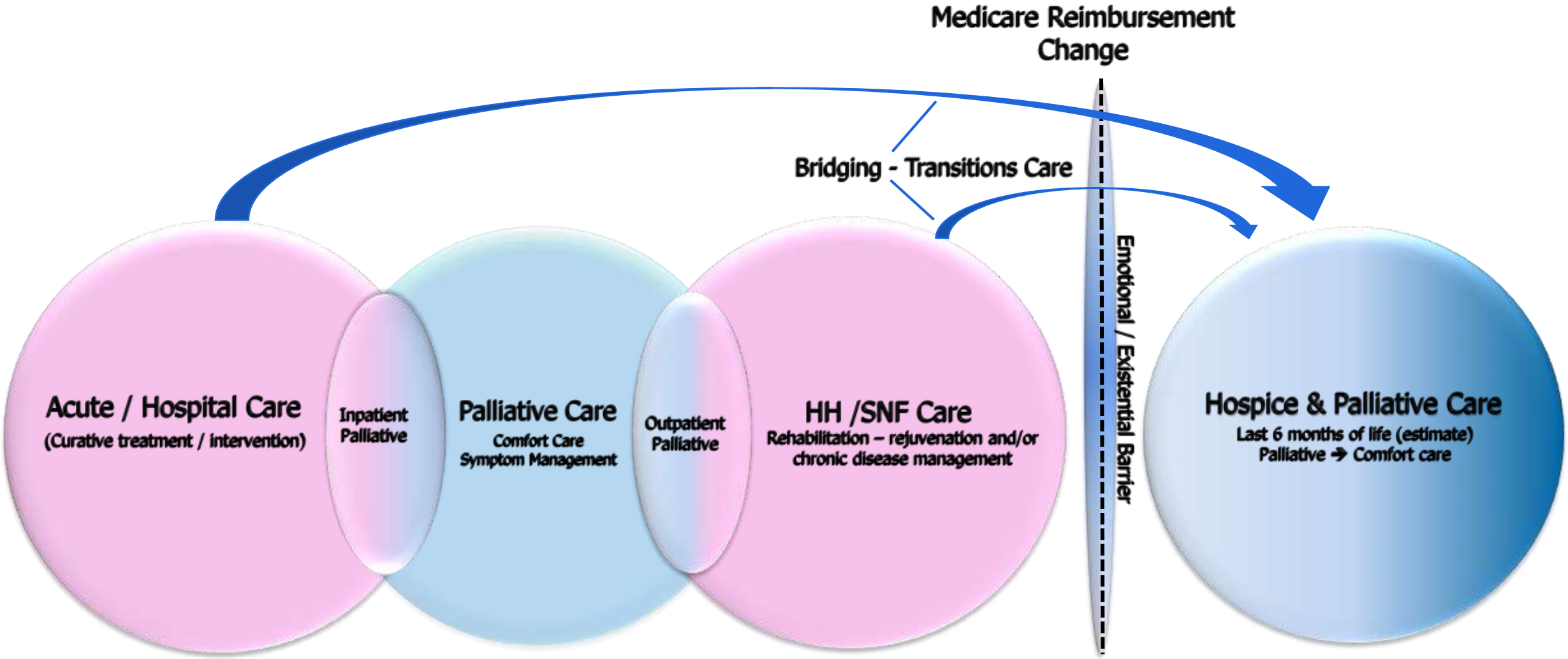
PALLIATIVE SERVICES



PC SENSITIVITY

- Fatigue and weakness most common
- Age less than 65 higher prevalence of pain
- Greater depression with more intense symptoms
- Sexuality important aspect; especially with cancer
- Desire to hasten death ≠ request to hasten death
- Loss of dignity = higher psychological distress
- Acute cognitive impairment a significant burden
- Mixture of cultural and individualized approach
- Social support helps reduce emotional distress
- Hope is an important coping mechanism
- Need to be aware of financial situation
- Have ACDs completed and known to HC team
- Address Caregiver / family needs

PALLLATIVE CARE SERVICES PATHWAYS



HOSPICE MYTHS | REALITY

HOSPICE MYTH

- Time limit on patient stay
- Hastens Death
- A place patients go to receive care
- No pre-hospice meds allowed
- Use of sedatives
- Once enrolled no 'turning back'

HOSPICE REALITY

- Recertification after 6 months
- Comfort care pt. often lives longer
- Hospice is a concept not a place
- Meds allowed if not curative
- Other means of pain management
- Can request discharge anytime

HOSPICE SERVICES