

Hospice is a special type of palliative (supportive) care that includes delivering compassionate and specific care to those who are nearing the end of life. The main goals are to maintain quality of life and provide symptom relief. An interdisciplinary team delivers care tailored to your individual needs. Hospice services are usually covered by health insurance. By providing expert medical and emotional support to you and your loved ones, hospice care can help you live as well as possible as your life draws to a close.

WHEN IS IT TIME TO CONSIDER HOSPICE?

You may be eligible for hospice if:

- Your life expectancy is 6 months or less.
- Treatments aimed at curing your illness are no longer effective, safe or have become too burdensome.
- Quality of life is your main goal.

It may be time to consider hospice if you have been making many trips to the emergency room but you would prefer to stay at home. It also may be time for hospice if your family and/or caregiver would benefit from an added layer of support to meet your ongoing care needs. As with other medical decisions, you can stop hospice services at any time.

WHAT ARE THE BENEFITS OF HOSPICE?

Enrolling in hospice can help you live better and ease the strain on others. While receiving hospice care, you can make the time you have left as comfortable and meaningful for you and your family as possible. The hospice care team supports your family as they care for you through the end of life.

Hospice helps you have the best possible quality of life as you approach the end of life. The focus of hospice is to provide comfort and support for you and your family.

WHERE DOES HOSPICE CARE TAKE PLACE?

Hospice care can be provided in your home or in a facility such as a hospital, hospice center or a nursing home.

WHAT DOES THIS TYPE OF CARE INCLUDE?

Depending on your needs, hospice care includes:

- Pain and symptom management
- Emotional and spiritual support



- Medication and medical supplies, related to your qualifying illness
- Coaching for caregivers
- Grief support for family and friends
- Special services, such as physical therapy

In hospice care, you will no longer receive treatment for your specific, qualifying illness, as the focus turns to managing symptoms (such as pain, nausea or anxiety) and improving your quality of life.

WHO PROVIDES HOSPICE CARE?

Your hospice care team may include:

- A hospice doctor or medical director
- Nurses
- Social workers
- Home health aids
- Occupational, speech or physical therapists
- Chaplains and other spiritual advisors
- Trained volunteers

Everyone works together with you and your family members to provide the support and services you need. Your hospice team may also continue to communicate with members of your current healthcare team, such as your oncologist and/or primary care provider.

HOSPICE CARE AT HOME

When hospice care takes place in your home, a member of the team visits regularly and is available by phone, 24 hours a day, seven days a week. Although the hospice team is there to provide support, your day-to-day care is still provided by family members and loved ones. Your hospice team will coach your caregivers on how best to care for you and may even provide brief respite care to allow your caregivers a needed break.

For caregiver information, visit www.LLS.org/booklets to view *Chapter 10: End of the Caregiver Role (part of the Caregiver Workbook)*.

PAYING FOR HOSPICE CARE

Medicare covers hospice care if a healthcare provider believes the person enrolled has less than six months to live if their disease runs its natural course. Under Medicare there is no deductible for hospice services although there may be a small co-payment for prescriptions or for respite care. Generally, Medicaid and private insurance offer similar coverage.

It's always helpful to check with your health insurance provider for specifics such as the types of services covered and any out-of-pocket costs.

ADVANCE CARE PLANNING

Advance care planning is the process of having conversations about future medical care. Discuss your preferences with your loved ones and healthcare team. Then, create an advance directive to outline your wishes for future medical care in the event that you are no longer able to speak for yourself. An advance directive includes two legal documents:

- Living will—outlines your preferences for medical care
- Medical power of attorney—names a person to make medical decisions on your behalf if you are unable to do so

It's important to periodically review and update these documents as your needs change.

PHYSICIAN ORDER(S) FOR LIFE-SUSTAINING TREATMENT (POLST)

These are medical orders for a person who is nearing the end of their life. They also may be called “medical orders for life-sustaining treatment (MOLST)” or other names. The POLST form is completed by a doctor with your input. It specifies treatments you want to receive during a medical

emergency. Based on an individual's priorities for end-of-life care, many choose to decline some medical interventions, such as cardiopulmonary resuscitation (CPR) or intubation and mechanical ventilation, as these are unlikely to be beneficial for people with advanced cancer. You will always be given pain and symptom management with a focus on comfort.

For more information, visit www.LLS.org/booklets to view *Advance Care Planning*.

For more on hospice and end-of-life care, visit www.LLS.org/EndOfLife to view resources.

Questions to Ask Your Healthcare Team

- Can you provide a referral for hospice care?
- Who will make up my hospice care team?
- Will my insurance cover hospice care?
- What type of services are included?
- Where can I find more information on hospice care?

GET ONE-ON-ONE SUPPORT

The Leukemia & Lymphoma Society's **Information Specialists**, highly trained oncology social workers and nurses, can provide information and support and connect you to our **Clinical Trial Support Center** and **Registered Dietitians**.

- Call **800.955.4572** Mon.-Fri. 9 a.m. to 9 p.m. (ET)
- Visit **www.LLS.org/PatientSupport**

Acknowledgement

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