



[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)

WHAT IS THE DIFFERENCE BETWEEN PALLIATIVE CARE AND HOSPICE CARE?

August 26, 2015 Caregiving, End of Life Care Aging Well, hospice care, palliative care Callie Daters

by Melissa L. Johnson, RN, BSN, MHA, CHPN, CCM – Aging Life Care Association™ Member

Palliative care and hospice care are both specialized healthcare models that focus on palliation or relief of symptoms associated with serious, debilitating illnesses. Such symptoms may include pain, difficulty breathing, nausea or the need for additional emotional support. Palliative care and hospice care focus on improving one's quality of life. Palliative care is a component of hospice care while hospice care may not be a component of palliative care. In other words, hospice care comprises of palliative care to treat symptoms while palliative care stands alone as a care model. Hospice and Palliative care were once thought of as a service for just the elderly and while the majority of hospice patients are older, about 20% are under the age of 65 (American Hospice Foundation).

Palliative Care

Palliative care, while focusing on symptom management, also allows for aggressive treatment. For example, an individual with cancer may choose palliative care for relief of pain and nausea, as well as undergo chemotherapy and radiation. With palliative care, an individual has access to needed resources throughout the process and can make informed decisions about their care. The synergetic relationship between symptom management and aggressive treatment often yields better results than aggressive treatment alone. If aggressive treatment is no longer feasible or desired, the transition to hospice care may be practical.

Hospice Care

Hospice is a model of care that focuses on the end of life where aggressive treatments are no longer indicated or desired. Hospice care focuses on palliation of symptoms to

allow terminally ill individuals to live the rest of their lives to the fullest extent possible. Hospice goes beyond a medical model where all aspects of the end of life experience are considered: physical, emotional, psychosocial and spiritual. A team of specially trained professionals collaborate with the patient and the family to address end of life issues and goals for care.

Does Hospice Speed Up The Dying Process?

While it is believed by some that hospice is “giving up,” research indicates that individuals receiving hospice care may live longer than those who do not receive hospice care. A study published by the *Journal of Pain and Symptom Management* (March 2007) found that Medicare beneficiaries with either congestive heart failure or certain types of cancer lived, on average, 29 days longer than those who did not receive hospice services (NHPCO, 2010). Another common misconception about hospice care is terminally ill individuals are given medications, such as morphine, that contribute to a hastened death. While medications like morphine are initiated, the dosage prescribed is at the lowest quantity needed to provide comfort. “Start low and go slow” is the motto hospices operate by when prescribing medications.

The Death Experience

Death can be a beautiful and peaceful experience. I have many special memories of my time as a hospice nurse, but there is one that stands out. I was called out to a patient’s house on Christmas night. It was pitch dark and I was in the middle of nowhere. I knew I was approaching the home because there were many people standing outside. I walked into this small home with about 50 people inside; barely able to get in the house to the patient. I saw an elderly gentleman who was nearing the end. I talked to his wife about what had occurred that led to the call. As she explained the decline, I could hear family members arguing in the background. Some family members thought the patient needed to go to the hospital while others stated there is nothing more that can be done and it is his wish to be comfortable.

I did my assessment and told the family that the patient was probably minutes from death. I am not sure what came over the family, but they all surrounded the patient’s bed and started to sing, “For He’s a Jolly Good Fellow.” The patient’s breathing became shallow and slow. As they sang the last line, “which nobody can deny,” the patient took a long, deep breath, let it out and left this earth.

Immediately after, various wind chimes could be heard. The wife stated, “He always loved wind chimes.” A death that I imaged to be difficult was one of the most beautiful deaths I can recall. The family will forever have that memory of their loved one’s death; one that was peaceful, calm and brought the family together.

Ageing Life Care Association™

When facing a serious illness, Aging Life Care™ Experts prove to be beneficial as they are able to be a part of your journey throughout the process. An Aging Life Care Expert provides assessment and monitoring, advocacy, education, resources, problem-solving, and support while you make difficult decisions. An Aging Life Care Expert is also a resource to the family, while providing support and communication. To find an Aging Life Care Expert in your area, visit aginglifecare.org.

About the author: Melissa Johnson has been an Aging Life Care Expert in Phoenix, Arizona since 2012. Melissa specializes in Dementia care and Hospice and Palliative Care. She invites you to connect with her by visiting her blog or following Melissa on LinkedIn and Facebook.

Courtesy of:



1551 E. Cypress Ave ST B | Redding, CA 96002
Ph: 530-232-5543 | www.shiningcare.org