Understanding the Differences Between Palliative Care and Hospice Care

**Palliative Care**

- Palliative care patients may seek a cure and comfort for their condition at the same time.
- Palliative care patients may or may not have a terminal illness. They usually have a life expectancy longer than six months. They are often described as chronically or seriously ill.
- Palliative care patients often have persistent, increasing suffering (e.g., pain, shortness of breath) that is unrelieved by their current care. Often the patient, family members, and/or caregivers are worried about, or not in agreement with, their current or future plan of care.
- Care providers, including professionals, find themselves wondering if the patient is receiving the right care in the right setting.
- Can be requested only by an order from the patient's physician by calling Avow at 304-1600.
- Palliative care team (palliative ARNP & MD) evaluates the patient.
- A short term medical consultation and counseling service that provides education, evaluation, and support to the patient and family and recommendations for a palliative plan of care (e.g., pain relief, therapies, family meetings, etc.) to the patient's primary physician who then determines whether or not to enact the recommended plan.
- Palliative care patients receive evaluation and patient/family counseling from the palliative care consultation team in the home or Avow outpatient center.
- Palliative care patients may or may not have advance directives (Living Will, DNRO and Health Surrogate Designation) in place.
- Palliative care is billed to Medicare, Medicaid, and other third party payors.
- Palliative care seeks to acknowledge, relieve and prevent persistent suffering.

**Hospice Care**

- Hospice patients seek comfort care, not a cure for their condition or disease.
- Hospice patients have a prognosis of six months to a year and care providers would not be surprised if they were to die in the next 12 months.
- Hospice patients steadily decline and often go to the emergency department or are hospitalized. They are frail and depend on others. They don't function well and have trouble maintaining their weight and appetite.
- Family members and care providers are not sure how to deal with or face the terminality of the patient's condition.
- Can be requested by anyone by calling Avow any time at 261-4404.
- Avow hospice team (Hospice RN, MD & Social Worker) evaluates the patient.
- Avow provides interdisciplinary hospice care to the terminally ill patient in the hospital, their home, Avow's inpatient facility, SNF, ALF, jail, shelter, etc. as long as their life expectancy remains at six months or less.
- Hospice patients receive a holistic and interdisciplinary team of caregivers and volunteers to help them in the care setting of their choice (home, hospital, SNF, etc.)
- Hospice patients may or may not have advance directives (Living Will, DNRO and Health Surrogate Designation) in place.
- Hospice care is billed to Medicare, Medicaid, and other third party payors.
- Hospice care seeks to care for the dying, their family, and the bereaved.
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Adapted from: