

# Understanding the Differences Between...

## Palliative Care



## Hospice 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 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 Healthcare 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.



We're here for you and your patients 24/7.

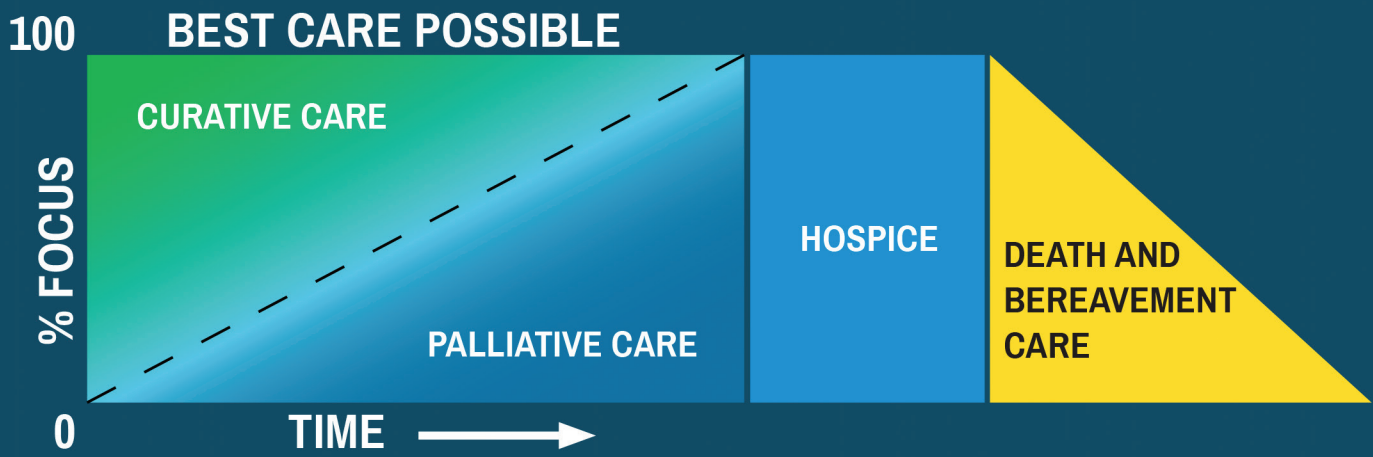
Call (239) 261-4404 or visit [avowcares.org](http://avowcares.org).

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## *Hospice Care & Palliative Care*



Adapted from:

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