

Hospice Care ©2007 H. William Song, MD docpages.com/song

Hospice is a program designed to put the emphasis on comfort and dignity of the patient with a terminal condition. Rather than spend all the money and effort in diagnosing and providing futile treatments to the dying patient, the hospice program allows the treating team to focus on compassion and support for the patient and the caregivers.

If a patient has a condition that causes the life expectancy to be less than 6 months, she may qualify. When a patient is enrolled in the hospice program, Medicare or the private health plan will pay a fixed amount of money to the hospice to use at their discretion to provide comfort for the patient. Instead of being restricted by the red tape of what is and is not covered, the hospice team will use the money to help the patient in whatever way the team feels is most appropriate.

Medicare will not pay for an aide unless there is a skilled nursing need. This means the patient needs to have some kind of wound or catheter that needs management by a nurse. To qualify for home oxygen the oxygen saturation needs to be less than 87%. Under hospice, the patient may be given an aide to give the caregiver a break, she can get oxygen if it makes her more comfortable regardless of what the oxygen measurement is.

Hospice will generally cover the cost of any medication that is intended to provide comfort or pain relief. Hospice nurses are generally on call 24 hours a day to respond to the needs of the patient and will come out to the patient's home. The hospice nurse will work with the doctor who may not personally be able to make a house call. When the time comes, the hospice nurse can also make the death pronouncement.

When a patient is on hospice, the goal is not to hospitalize. If the patient takes a turn for the worse, the hospice team will provide measures needed to keep the patient comfortable. Pain medications like Morphine are given liberally to relieve discomfort.

There is no penalty for going to the hospital, but hospitalization for a medical problem is generally grounds for the patient to be disqualified from the hospice program. The patient can later be re-evaluated for hospice. If a patient is not ready to die at home and intends to go to the hospital to treat conditions like pneumonia, he is probably not appropriate for the hospice program.

Although, the general rule of thumb is a life expectancy of less than 6 months, no one can predict for sure how long a patient will live. If the patient's condition improves or stabilizes, the patient may need to be taken off the hospice program. If a patient lives beyond 6 months, he will need to be re-evaluated to determine if he is still appropriate for hospice. If he qualifies, the hospice services can be renewed.

Hospice programs are operated by private companies that contracts with Medicare or the private insurance plans. There is no extra cost. Finally, there may be more than one hospice program to choose from in your area. Ask your doctor or nurse to make recommendations.