

Palliative Care- Chapter



Chapter 17



Objectives

- Define Palliative Care
- Define Hospice care
- Identify hospice care providers
- Review hospice care utilization
- Discuss policy issues surrounding palliative care



Introduction

- Palliative care is offered during a person's terminal illness, when no other therapeutic interventions hold promise for improvement.
- Hospice care can be freestanding or they can be affiliated with an inpatient hospital or long-term care facility.



Definition of Hospice

- Hospice care is provided to ease the pain and stress of a terminal condition when no other medical or surgical interventions are available to ameliorate the condition. Hospice care may include:
 - physicians services
 - pain management and prescription drugs
 - nursing care
 - psychological counseling
 - short-term hospitalization
 - homemaker and home health aide services physical
 - occupational therapy
 - speech therapy social services to ease the last days or weeks of life.



Hospice care Providers

- Hospice care may be provided in patient's home, in a designated unit of hospitals or long term care facility, or in a freestanding hospice facility.
 - Formal hospice care generally originates with a physician's order which is often necessary for reimbursement.
 - Physician maintains oversight of patients, dealing with pain management, issues of nutritional intake, and physical complications that may be related to the admission diagnosis.



Hospice Health Care Providers Cont:

- The day-to-day hospice care is generally provided by specially trained nurses, social workers, and therapists who work closely with the family to ensure the patient's final days of life are as comfortable as possible.
- In 2003, nearly 3,200 hospices were in operation in the United States, including the District of Columbia, Puerto Rico, and Guam.



Utilization of Hospice Care

- As a true of other health services, utilization of formal hospice care may depend on a person's health insurance coverage or other financial means.
- Medicare began providing hospice coverage in 1983 and pays for the majority (at least 80 percent) of formal hospice care provided.
- Medicare is the largest payer of hospice services.
- People of any age with terminal condition may be care for by a hospice.



Policy Issues Surrounding the Use of Palliative care

- First, do all those who need formal palliative care in the United States receive it?
- Second, for those who do receive formal hospice care, do they begin to receive it early enough in the course of their illness, given that the median survival rate after Medicare hospice enrollment has been found to be only 36 days.
- Third, how may the current interests in such issues as abolishing futile care and providing access to physician-assisted suicide affect the availability of palliative care?



Access to Formal Care

- Existing data focus on those who utilize services but are silent about those who require but cannot obtain services. Thus, little is known about the unmet need for palliative care.



Is Hospice Care Initiated at the Appropriate Point in a Terminal Illness

- Medicare claims for hospice care in 1990, found that the median survival time after admission to a hospice was 36 days.
- Termination of life differs with the individual and his or her main circumstances.



Other Issues Regarding Palliative Care

- Futile Care
- Physician Assisted Suicide



Policy 1-Future Care

- Technological advances in the US health services system have had a tendency to outstrip our policies on how and under what circumstance such advance should be applied.
- Two fears
 - One will not have access to life-prolonging technologies due to lack of health insurance or personal resources to cover costs.
 - Technological advances may be misapplied in circumstances where little or no hope of patient's recovery and return to an acceptable quality of life exists.



Policy 2- Physician-Assisted Suicide

- The movement of physician-assisted suicide differs from right-to-die provisions, which enable a competent patient to refuse nutrition, further use of a ventilator, or interventions that are prolonging a terminal condition.
- Individuals with a terminal condition have sought the right to suspend life-prolonging care or to request the assistance of a physicians to terminate lie when the pain and dependence created by the terminal condition become intolerable.



Physician-Assisted Suicide

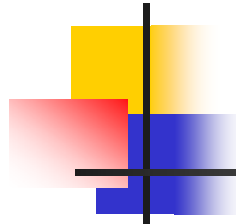
Cont:

- Although the United States Supreme Court ruled in June 1997 that individuals do not have the right to physician-assisted suicide, most believe that this ruling does not close the debate.



Reference

- Barton, P.L. (2007). *Understanding the U. S. Health Service Systems*, Third Edition; Phoebe Lindsey Health Administration Press.



Questions

