



# A Good Life to the Very End

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# What we will cover



- Palliative care vs. hospice
- Who is eligible for hospice care
- What services are included in hospice care
- Honest discussions about mortality

# Palliative care vs. hospice



## Palliative care:

- “Palliate” – to reduce the severity of symptoms without curing the underlying disease
- available at any stage of a serious illness and can be combined with aggressive treatments
- addresses physical, intellectual, emotional, social and spiritual needs
- supports your independence, access to information, and ability to make choices about your health care

# Palliative care vs. hospice



## Hospice:

- program of care and support for people who are terminally ill and their families
  - Terminally ill = a life expectancy of 6 months or less, if the illness runs its normal course
- focus is on comfort (palliative care), not curing an illness
- focus is on what is most important to the patient
- hospice team individualizes patient's plan of care based on their specific goals

# Who is eligible for hospice care



You qualify for hospice care if:

- Your doctor certifies you are terminally ill (you are expected to live 6 months or less)
- You accept comfort care (palliative care) instead of treatment to cure your illness.
  - You don't want to go back to the hospital and want to focus on quality of life.
- You sign a statement choosing hospice care instead of curative treatments for your terminal illness and related conditions

If you are not sure you qualify, the best thing to do is ask for an evaluation to determine eligibility.

# What services are included in hospice care



If you qualify for hospice care, you and your family will work with your hospice provider to set up a plan of care that meets your needs and goals.

You and your family members are now part of a team supporting your care.

Services included:

- Doctors – hospice medical director or your own physician who oversees your care
- Nurses – RN/case manager who coordinates care with the rest of the team
- Social workers – grief and loss counseling for you and your family, connecting you to resources in your community
- Chaplains – provides non-denominational support for spiritual issues humans have in common at the end of life

# What services are included in hospice care



## Services included:

- CNAs – provide ADL support and homemaking services
- Pharmacists – resource for medication management
- Physical and occupational therapists – when needed to address safety and quality of life issues versus rehabilitation
- Speech-language pathologists – when needed to address communication or swallowing problems
- Volunteers – talented and caring individuals who round out the team

# What services are included in hospice care



Hospice services also cover the cost for the following based on each person's needs:

- Medical equipment – wheelchair, hospital bed, etc.
- Medical supplies – bandages, catheters, etc.
- Incontinence supplies – briefs, wipes, gloves, etc.
- Prescription medications – related to terminal prognosis as well as comfort meds
- Short-term respite stay – up to 5 days
- Bereavement services



## Kate's Hospice Experience (Pop Pop)

# Honest discussions about mortality



Being Mortal: Medicine and What Matters in the End – Atul Gawande, MD

Two studies:

Coping with Cancer

Massachusetts General

“Our decision making in medicine has failed so spectacularly that we have reached the point of actively inflicting harm on patients rather than confronting the subject of mortality... We’ve been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really it is larger than that. It is to enable well-being. And well-being is about the reasons one wishes to be alive.”

“The lesson seems almost Zen: you live longer only when you stop trying to live longer.”

# Honest discussions about mortality



## Our current form – POLST

- Do you want to be resuscitated if your heart stops?
- Do you want aggressive treatments such as intubation and mechanical ventilation?
- Do you want antibiotics?
- Do you want tube or intravenous feeding if you can't eat on your own?

# Honest discussions about mortality



## Dr. Gawande

- What is your understanding of the situation (your prognosis) and its potential outcomes?
- What are your fears and what are your hopes?
- What are the trade-offs you are willing to make and not willing to make?
  - Are you willing to endure the negative effects of chemotherapy for the possibility of a longer life?
- How do you want to spend your time if you have a longer life?
- How do you want to spend your time if your health worsens?
- Who do you want to make decisions if you can't?
- What is the course of action that best serves this understanding?

# Honest discussions about mortality



Ber's plan



# Honest discussions about mortality



“Our ultimate goal, after all, is not a good death  
but a good life to the very end.”

— Atul Gawande, MD

Being Mortal: Medicine and What Matters in the End