Hospice Care for the Person with Cancer
Hospice is a special type of care designed to provide comfort, support and dignity to patients with a life-limiting or terminal illness. For hospice purposes, a life-limiting illness is often defined as happening within the last six months of a person’s life.

The goal of hospice is to care for the whole person. There is special emphasis on controlling pain and discomfort. Hospice also addresses the emotional, social and spiritual impact of the disease on the patient, family and caregivers.

Hospice is an important option because it can provide many benefits that are not possible in a traditional health care setting. Hospice care begins when a person chooses to stop receiving treatment directed at the cancer.
Selecting Hospice

Hospice care is most often provided at home. Other options include hospice provided in a hospice inpatient facility or nursing home. When hospice care is provided in a nursing home or other residential environment, the residential component of care is not usually covered by the hospice insurance benefit. It may be a separate cost.

If a patient is admitted to a hospital inpatient unit, it is typically a short term stay and not considered residential. Patients return to their home hospice once their needs have been addressed.

When deciding on care, it is helpful to focus on the patient’s needs. If the goals include symptom management, comfort care and quality of life, hospice is the service that best addresses those needs. The benefits of hospice are more flexible than having skilled nursing provide home health care since hospice can:

- Approve some services, such as oxygen, with more flexible criteria.
- Cover the cost of equipment and medications for symptoms.
- Remove the need for routine labs or imaging studies.
- Allow the patient to leave the home for activities, as desired.
- Provide support to the family and caregivers, as well as the patient.

When hospice is selected, medical care is transferred away from MD Anderson to the hospice. The patient does not need to receive
continued health care for cancer anywhere else. Since all of the care is provided by the hospice team, patients no longer need to wait in a doctor’s office or have emergency rooms visits.

It is important to know that the decision to select hospice care can be changed. Hospice typically meets the needs of most cancer patients. However, if needs change, the patient can sign off from hospice and return to traditional care. It is then also possible to return to hospice care at a later date, as long as the patient is eligible for the service.

Goals of Hospice

Physical Comfort

Many symptoms, like pain, fatigue and nausea, can affect a person’s quality of life. The hospice team works closely with patients and their caregivers to prioritize the patient’s goals for symptom management.

The bodily needs of the patient are also attended to while receiving hospice care. This includes providing comfort through changes in body positioning and paying attention to the patient’s personal hygiene.

Family and Caregiver Support

Many family members and caregivers feel unprepared for their role. Few have had training or may have little or no support. Hospice can provide resources and realistic information about what caregiving can include.
If a patient is receiving hospice at home, it is up to the family to provide most of the care. It is recommended that three adult caregivers take turn providing care at home. Balancing caregiving with other responsibilities can lead to physical and psychological stress. Respite care - short term caregiver relief - may be provided by the hospice so that caregivers can address their own needs as well.

**Emotional Well-Being**

Hospice helps patients, families and caregivers cope by providing emotional support. Questions are answered with honest compassion, addressing fears and anxieties about the future. This support may increase the ability of patients and families to cope with the challenges they face.

**Spiritual Support**

Hospice recognizes the importance of religious and spiritual values. A life-limiting or terminal illness may cause patients, family members or caregivers to have doubts about their beliefs. A person's sense of purpose and connection to what matters most may be challenged. Hospice can provide support regarding spiritual needs specific to each person.

**Members of the Hospice Team**

Hospice care involves a team approach. People with special knowledge and skills work together to care for the patient and family. The team may include:

- Medical Director
- Hospice Coordinator
- Doctor
- Nurse
- Chaplain
- Social Worker

Additional services may be provided by a dietitian, pharmacist, physical or occupational therapist, home health aide and volunteers.
Questions to Ask Hospice

When making a decision about hospice care, it is important to be as informed as possible. Here are some questions to consider when deciding on hospice. Use the table at the end of the booklet to compare hospices with one another.

General Questions
- Is the hospice accredited by Medicare?
- Is the medical director/clinical staff certified in palliative care or hospice?
- How long has the hospice been in operation?
- What extra services might the hospice offer that others don’t?

Home Hospice
- How will hospice work with the patient and family?
- Will hospice provide a sitter or respite care for caregiver relief?
- Do I have access to a hospice nurse or doctor 24 hours a day, 7 days a week?
- How quickly can someone come to the house if help is needed?
- How often will a physician, nurse practitioner or nurse visit?
- How often will a nursing assistant come to the home?
- How often will a chaplain or social worker visit?
- Will the hospice deliver medicine by mail or directly to the patient’s door?
- Can antibiotics be prescribed for comfort care, and who will monitor the antibiotic use?
- Will the hospice monitor blood sugars and hydration?
- Will the hospice give subcutaneous or IV fluids?
- Will the hospice give blood products?
- Is there an inpatient unit if the patient’s symptoms can’t be controlled at home?
Inpatient Hospice
• What are the criteria to be admitted to an inpatient unit?
• How long can a patient stay in the inpatient unit?
• What specific types of care are provided?
• How often will a physician, nurse practitioner or nurse visit?
• How often will a chaplain or social worker visit?
• Will there be access to services like physical or occupational therapy?

Cost of Hospice Care
• Is the hospice provider within the patient’s insurance coverage plan?
• Are there medications that are not covered by hospice?
• Does hospice cover the cost of durable medical equipment (DME)?
• Is hospice a benefit that can be changed, with a return to traditional coverage?

Other Services
• Does the hospice service help with putting financial matters in order?
• What other services are offered (e.g., counseling, support groups, etc.)?
• What kind of bereavement services does the hospice offer?
Resources

For more information on hospice, talk with your health care team or review these online resources.

**MD Anderson’s Recommended Resources**
http://mdandersontlc.libguides.com/advancecareplanning/general

**American Hospice Organization**
## Hospice checklist

### Facility Name

### General Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the hospice accredited by Medicare?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the medical director/clinical staff certified in palliative care or hospice?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How long has the hospice been in operation?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What extra services might the hospice offer that others don’t?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Home Hospice

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will hospice work with the patient and family?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will hospice provide a sitter or respite care for caregiver relief?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do I have access to a hospice nurse or doctor 24 hours a day, 7 days a week?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How quickly can someone come to the house if help is needed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often will a physician, nurse practitioner or nurse visit?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often will a nursing assistant come to the home?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often will a chaplain or social worker visit?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will the hospice deliver medicine by mail or directly to the patient’s door?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can antibiotics be prescribed for comfort care, and who will monitor the antibiotic use?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will the hospice monitor blood sugars and hydration?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will the hospice give subcutaneous or IV fluids?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Will the hospice give blood products?
Is there an inpatient unit if the patient’s symptoms can’t be controlled at home?

**Inpatient Hospice**
What are the criteria to be admitted to an inpatient unit?
How long can a patient stay in the inpatient unit?
What specific types of care are provided?
How often will a physician, nurse practitioner or nurse visit?
How often will a chaplain or social worker visit?
Will there be access to services like physical or occupational therapy?

**Cost of Hospice Care**
Is the hospice provider within the patient’s insurance coverage plan?
Are there medications that are not covered by hospice?
Does hospice cover the cost of durable medical equipment (DME)?
Is hospice a benefit that can be changed, with a return to traditional coverage?

**Other Services**
Does the hospice service help with putting financial matters in order?
What other services are offered (e.g., counseling, support groups, etc.)?
What kind of bereavement services does the hospice offer?