

The Importance of Hospice

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Compassion & Choices of Oregon believes hospice is an essential component of end-of-life care and encourages all individuals who have received a terminal diagnosis to enroll in hospice.

Hospice can help patients remain in control and die at home. The goal of hospice is to improve quality of life in the patient's last months focusing on comfort care, control of pain, and symptom management, as opposed to continuing curative treatments. A patient's prognosis must be six months or less, and a referral from a doctor is required. Hospice services are provided in the home or long term care facility. For patients who require more intensive nursing care, residential hospice facilities may be available. Residential hospices are generally reserved for care at the very end of life.

In addition to caring for the patient, hospice also provides instruction, assistance, and support for the family. On hospice, family, friends, and other loved ones are considered the patient's primary caregivers and are generally asked to help with feeding, bathing, turning and giving medications.

They are not expected to perform skilled nursing tasks or any care they are uncomfortable with or not physically able to provide. Primary caregivers should also alert the hospice staff to any changes in the patient's condition. In times of crisis, some hospices also provide inpatient care or respite care, allowing family members time away from their caregiving duties. Hospice does not provide round-the clock care in the home.

When selecting a hospice, be sure to ask the following:

- Does the hospice service your area?
- Is the hospice licensed and Medicare / Medicaid certified?
- What services does the hospice provide?
- Is there 24-hour phone coverage?
- Can you continue to see your own doctor?
- What is expected from you and your caregiver support system?
- Does the hospice have a support program for caregivers?
- Where is inpatient or respite care service provided?
- Is the hospice affiliated with a religious institution? If it is, ask how that influences the care delivered and the end-of-life options.
- What is the hospice's position on resuscitation, hydration, and antibiotics? Is this consistent with yours?
- What is the hospice position on palliative sedation? Use words such as, "If Dad's pain or symptoms become unmanageable, would you be willing to sedate him to unconsciousness until death occurs?"
- Will your insurance plan cover hospice?
- What out-of-pocket expenses are anticipated?
- Is there a sliding scale payment plan for expenses not covered by insurance?