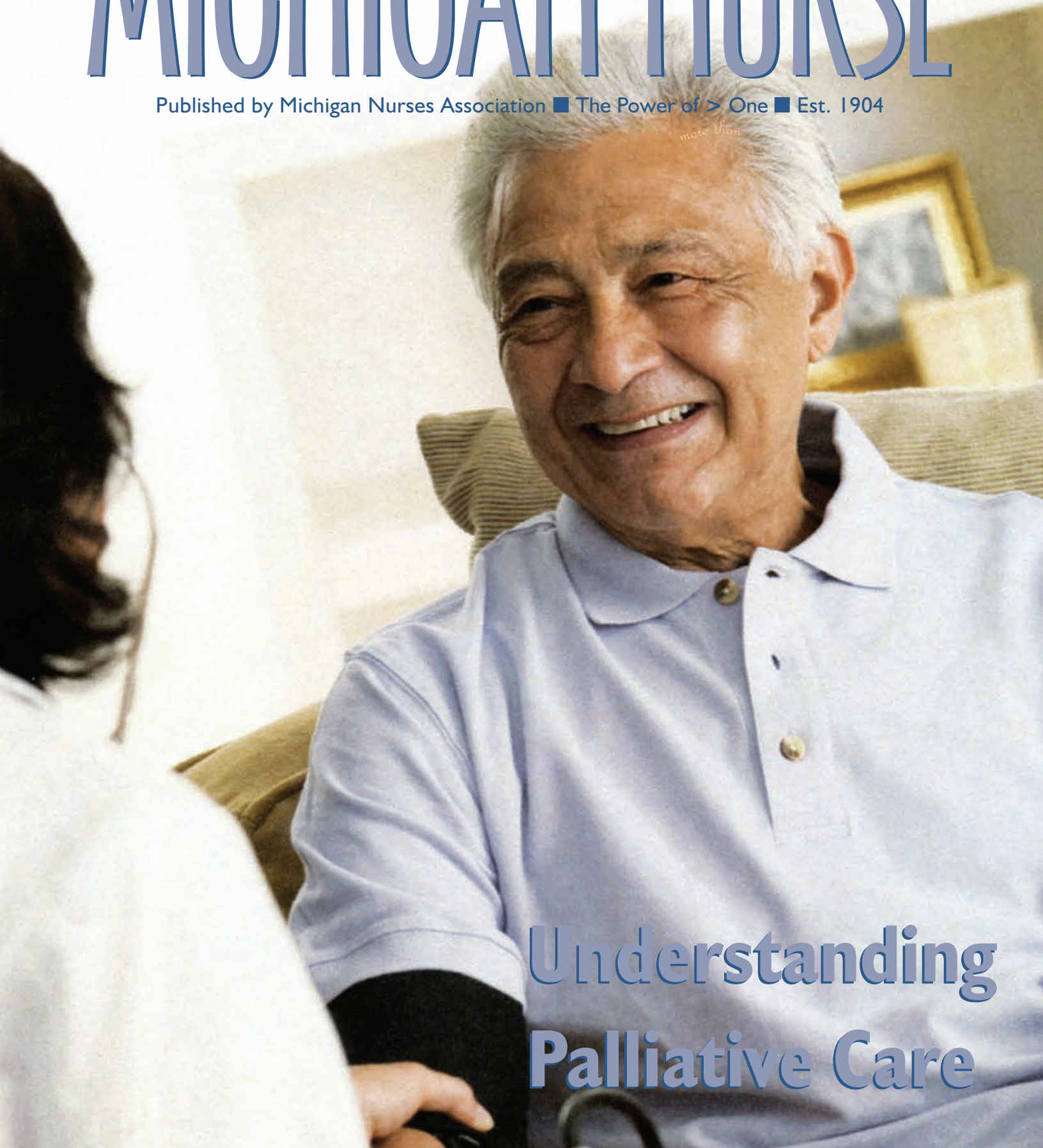


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## Understanding Palliative Care

# Palliative Care: 101

By Ann Kettering Sincox

It seemed a fairly easy goal at the beginning. My plan was to write an article providing some basic information on palliative care prior to the first report of the MNA Palliative Care Task Force at the upcoming House of Delegates in October 2008. “This will work nicely,” I thought. “I’ll provide some basic details on palliative care to the Michigan Nurse readership and then report on the work of the Task Force in an upcoming issue and on the MNA website.”

And that’s where my confusion started.

## Palliative Care, Hospice Care: Close but Not the Same

As I started my research, I realized that I hadn’t a clue what the difference was between palliative care and hospice care. I know that hospice involved end-of-life care but where was the dividing line between the two areas? As I studied, I began to note some interesting facts:

- My sources all agreed that palliative care is appropriate for the seriously ill patient but there seemed to be a discrepancy as it related to the patient being curable. The Hospice and Palliative Care Nurses Association takes the position that “hospice and palliative care addresses the needs of patients and their families who face illness

that cannot be cured.” The World Health Organization states “palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness,” while the Center to Advance Palliative Care (CAPC) states that “non-hospice palliative care is appropriate for anyone with a serious, complex illness, whether are expected to recover fully, to live with chronic illness for an extended time, or to experience disease progression.” Shari Froelich, RN, MSN, MSBA, ANP-BC, ACHPN, a member of the Palliative Care Task Force, explains it this way: “All hospice care is palliative care but not all palliative care is hospice care. Palliative care also reaches out to those that have a potentially life limiting illness, but do not yet qualify for hospice services based on eligibility criteria but need holistic support in dealing with the disease process, or those who might qualify for hospice services but are not emotionally ready for hospice.”

- Palliative and hospice care both focus on providing a wide range of support to the patient and the family of the patient. This base of services can include physical (easing of symptoms), emotional (stress and depression), spiritual (inner self), and social (relationships).

- Both types of care are provided as a team system involving physicians, nurse practitioners, nurses, nursing assistants, social workers, clergy, physical therapists, pharmacists, etc. Quite often in palliative care the nurse practitioner serves as the primary care provider whereas in hospice care due to regulatory constraints, most of the care is managed by physicians. Both types of care are extended to the patient and family.

The easiest definition by far of the difference between palliative care and hospice care is in the payment of the services. “One way to differentiate between hospice care and palliative care is that hospice care is a Medicare Part A benefit and for the terminal diagnosis only, the patient elects to sign off the Medicare Part B portion,” explains Froelich. “Palliative care services are provided under Medicare Part B and palliative care is usually provided (although not always) before hospice services are needed.” Increasingly, many palliative care services have the ability to follow the patient and family if there is a transition to hospice.

### **Palliative Care in One Word**

If you were to sum up palliative care in one word, it would be “relief.” A palliative care team offers both patient and family members a support structure to address the extreme stresses that come from serious illness. The team acts as a resource for everything from

pain management to frustration to providing a shoulder to cry on to interpreting paperwork. In the midst of dire circumstances, palliative care can be a source of calm and information to a family devastated by watching a loved one in crisis while providing skilled care to the patient. In the same vein, a good palliative care team can look after each other through the stress and demands of caring for the patient and family.

### **Increasing the Knowledge Base**

As the daughter of aging parents (who are still quite active and would no doubt be horrified to know their possible need for palliative care down the road crossed my mind), I realized that at this point I would not have the faintest idea where to begin the search for non-hospice palliative care in their hometown. Having had some experience with hospice care, I know the “matching the patient with the program” system works pretty well once the diagnosis of terminal illness is made. But where would I start looking for non-hospice palliative care resources?

As a professional health care provider, do you know where to start looking for palliative care resources? In 2007, as part of the MNA Congress on Nursing Practice, a Palliative Care Task Force was formed with the following goal:

The MNA will assess available resources, create and implement an educational program

for the health care community that promotes health care providers to become proficient and comfortable with addressing the palliative care needs of our patients and families across the continuum of health care. Further, the MNA will partner wherever possible with related professional groups and other community groups to educate the public about palliative care.

The subject of palliative care is confusing. The program itself, which is steadily growing, requires a great deal of communication and coordination, plus some creative thinking about how payment for services is rendered. It is not easy work and not always a comfortable subject. The resources are there for you and your patients, however, but only if you know how to access them. As a health care provider, even if you are not involved in palliative and hospice care practice, you should know where to direct patients and their families who are facing serious illness.

Over the next year, MNA will be making a concentrated effort towards developing programs that will help you become more knowledgeable about palliative care. As resources and learning opportunities become available, you will be notified through *Michigan Nurse* and on the MNA website ([www.minurses.org](http://www.minurses.org)).

In the meantime, do some exploring. Find out if there is a palliative care program in your workplace or community and if so, pick up some of their material and read through

it. Assess whether or not your workplace offers both palliative care and non-hospice palliative care. Do a little research on the Internet (just type “palliative care” in your search engine). Talk to co-workers that practice in the areas of palliative care and hospice nursing.

“Nurses are in a unique position to help present alternative options [palliative care] to their patients and families,” says the Palliative Care Task Force. “But in order to do this, nurses need to start with their own education and learn about the options available in their communities.”

#### **Resources:**

<http://www.medicare.gov/Publications/Pubs/pdf/02154.pdf>; [www.capc.org](http://www.capc.org); [www.hpna.org](http://www.hpna.org); [www.aahpm.org](http://www.aahpm.org); [www.getpalliativecare.org](http://www.getpalliativecare.org) \*