

# Palliative Medicine Always, Hospice Sometimes

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Palliative Medicine (aka Palliative Care) has increasingly been in the public health care conversation during the last 25 years. Palliative Medicine was recognized as a distinct specialty by the American Board of Internal Medicine in 2010. Fellowship programs have developed across the country to train physicians of various backgrounds to become Palliative Medicine specialists. Despite the widespread growth of Palliative Medicine, confusion remains about what it is and what it is not.

The most common confusion involves equating Palliative Medicine with Hospice. Although Hospice has a rich history dating back over 100 years, beginning in England, what we know as Hospice in the US became standardized in 1981 when Medicare defined the “Hospice Benefit.” Palliative Medicine pertains to a specialty arm of medicine involving a *philosophy* of care as well as *specific expertise* in pain and symptom management. Hospice, though it relies on Palliative expertise, is best understood as a *program defined by Medicare*—paid for by Medicare, provided by certified hospice agencies, *for patients who are felt to be within 6 months of the end of life.*

The World Health Organization has defined Palliative Medicine as;

*“...an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with a life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psycho-social or spiritual.”*

Consider a typical situation I might be asked to help with:

An older patient with chronic heart failure, struggles to live at home because of repeated trouble breathing or walking. He’s the caretaker of his wife with cognitive impairment, and the father of three adult children, two of whom live far away. How do we help him address how his wife will be taken care of; how to involve his family more; what decisions need to be made *now* to prepare him for when his condition worsens; all the while focusing foremost on *what is important to him as he’s struggling to live his life?*

Living with serious illness is difficult in the best of circumstances—e.g. plenty of money, a serviceable home, a rich social support system—and nearly impossible when all of these things aren’t in place. A Palliative Medicine specialist can be a strategic resource in such circumstances—which will come to the roughly 90% of us who don’t die unexpectedly. We can help provide needed information, assist with important conversations, and connect with available community resources. If pain or other symptoms are problematic, and you are

struggling with emotional issues, we are experts in helping with that along with supporting the needs of your family or caregivers.

At some point, illness will have its way with most of us. For people who are expected to have six months or less to live, who wish to focus foremost on being comfortable and living their remaining time at home, Hospice can provide the kind of in-home expertise that makes such goals possible. Many Palliative Medicine specialists also serve as medical directors for Hospice, which is designed to deliver palliative care during the last stages of life.

You may benefit from Palliative expertise long before you need or want Hospice services. You may receive palliative care before, during and after treatment for your disease to improve your quality of life. A few studies have now shown that patients with serious illnesses actually *live longer and more comfortably* when Palliative Medicine is involved in their care. It makes sense: comfort is good for all of us.