

Difference between Palliative care and Hospice

By Nancy Yurkovich-July 13, 2004

The question is asked, "What is the difference between palliative care and hospice?" There is confusion between these two words, not only within the community but between health professionals as well. It is appropriate to attempt to answer this question in light of the "Celebration of Lights", which seeks to solicit funds for each of these.

Palliative care comes from the original Latin word "palliate" to "cover" or "mask" hence to relieve pain and symptoms. "Hospes" and "hospitium" were used to denote not only a certain relationship between individuals, hence the word host, but also the place in which the relationship developed. Hospice, derived from these words, described a place of refuge for weary or sick travelers seeking rest on life's journey.

The Canadian Hospice Palliative Care Association (formerly the CPCA) states that "hospice palliative care is aimed at relief of suffering and improving the quality of life for persons who are living with or dying from advanced illness or are bereaved."

Cicely Saunders, a British physician was the one who first emphasized the fact that the needs of those who were dying were very different from those who require acute care. She helped to establish St. Christopher's Hospice in London England in 1962, which was the model of the modern day hospice. She believed that those with a terminal illness did not need to be cared for in a place, which focused on treatment and care. What they needed was a peaceful, calm surrounding where they and their families could be together spending their last days or weeks, free of tests, procedures and technology, alert yet as free of pain as possible. She introduced the idea of hospice care as separate and distinct from acute care. In 1970, Dr. Balfour Mount from Royal Victoria Hospital in Montreal brought this idea to Canada. He called it palliative care.

The word hospice and palliative care are often used interchangeably. The key points of this care are:

- it is supportive care for those who have a terminal illness, often cancer
- it is comfort care—the goal is pain relief and symptom management
- it requires health professionals with specific skills and experience in dealing with dying, death and bereavement
- it is care which goes beyond the physical, and is planned and given by an interdisciplinary team
- patient and family are the focus of care and are encouraged and supported to participate in decisions about that care
- it includes bereavement

Palliative care is referred to in a number of ways: as a philosophy of care, a type of care, a program of care, a continuum, a patient category or a kind of bed. Hospice most often refers to a program of care or to a freestanding small home-like sanctuary in the community for individuals at the end of life. One frequently debated question is "When does palliative care begin?" because the trajectory of the disease may last months or years. Interpretation of hospice and palliative care varies from place to place and definitions have changed over time. Herein lies the potential for confusion!

In Richmond, plans are underway to create an integrated approach to palliative care. This means that over the journey from diagnosis to death, individuals and their families will be supported at home, in hospital, or in hospice. Depending on their needs, health professionals, in concert with patients and families, will make decisions about the environment of choice; at home, in the palliative care unit at

Richmond Hospital, or the free standing community hospice, more like a home than a hospital. Being able to offer choices within a well-integrated continuum of care will help people to face the end of life with comfort ensured, values and decisions respected and families supported.

Sometimes the line between palliative care and hospice may be blurred. Despite this fact, it is crucial to acknowledge that through most of the course of terminal illness, hope rests in the promise of medical science to alter the course of disease and prolong life. However, when "nothing more can be done" new meaning of hope is needed, one that transcends the physical domain to what it means to be human. At end of life, hospice is offered as sanctuary, where the contribution of science is valued but does not dominate. Away from the busyness of the hospital, there is time for thanksgiving and final reunion. Through relationship, guests of the hospice, their families and health professionals are reminded of their shared humanity and the mystery of life and death. It is here that the possibility exists for a gentle closure to life.