

Frequently Asked Questions

1. What is Hospice?

Hospice is a formal program of comprehensive care provided by an Interdisciplinary Team for patients facing a life-limiting incurable illness. In America it is a specific part of Medicare's healthcare benefit. Most private insurers also provide for Hospice coverage. Hospice is generally considered to be the model for high-quality, compassionate care for such patients.

2. Who can be on Hospice?

The only statutory requirement to be eligible to enter Hospice is that the patient's illness, and worsening loss of function, are severe enough to indicate that death will likely occur within 6 months or less. In addition, Hospice patients must have an appropriate home or institutional environment—most importantly, a caregiver who is able, available, and competent, or an institution functioning as a caregiver (for example, an assisted living facility). Referral to Hospice usually is done by the primary physician or specialist who is caring for the patient. However, a physician referral is not required, as anyone, including the patient or the patient's representative, may make the referral. Once the referral is received, a Hospice nurse visits the patient, evaluates and examines the patient, explains the program in detail, and discusses the case with the Hospice Medical Director. If Hospice is thought to be appropriate, the patient must then decide whether or not he/she wants to enroll in the program.

3. Who is on the interdisciplinary team?

The IDT is composed of Hospice nurses, social workers, pharmacists, chaplains, volunteers, and a Hospice medical director. Other members of the team can include home health aides, bath aides, physical therapists, and staff members trained in a variety of ancillary "comfort therapies". Each patient must have a detailed care plan, and each patient is discussed by the full Hospice interdisciplinary team regularly and formally, so that symptom management can be optimized and continuously revised as needed. Even patients with very intense and complicated symptoms and clinical problems can be successfully managed.

4. Do I need to give up my regular doctor to be on Hospice?

No. The Hospice team works in conjunction with each patient's regular physician.

5. What if a patient lives more than six months?

Patients often do live longer than 6 months on Hospice (lifespan prognosis is notoriously difficult to predict). In that event, the patient is re-evaluated by the IDT and can be re-certified if the patient's prognosis and severity of illness still suggest an expected lifespan of less than 6 months.

6. What if a patient decides Hospice is not right for them, after entering Hospice?

Patients may revoke Hospice at any time. There is no penalty for this.

Patients may be re-entered to Hospice at a later date if they remain eligible, and wish to enter Hospice again at a later point in their illness.

7. How does Hospice relate to Washington's "Death with Dignity Act"?

Hospice has no relation to Washington's "Death with Dignity Act." In other words, Hospice neither advocates for--nor against--that law. However, only rarely do Hospice patients avail themselves of this option for ending life. Hospice nurses have no involvement with the process of administering the prescribed life-ending drugs, but the Hospice team provides support to the patient and family before and after the end of life.

8. How does a family member or patient contact a Hospice team member for information and questions about the Hospice program?

In Wenatchee, the Hospice program is called "Central Washington Home Care and Hospice", with offices in the Ballard Building at 1020 N. Wenatchee Avenue. If you have any questions about the Hospice program, or if you need literature or information, please call 509-665-6049 and ask the office to connect you to a Hospice nurse there, who can answer your questions and provide information about Hospice.

9. When is the "right time" to consider Hospice evaluation?

The "right time" to consider getting program information and starting to discuss the specifics of Hospice with a patient and their family, is actually weeks to months before such patients approach the end of life. Although Hospice can benefit patients no matter when a Hospice referral is made for them, the effectiveness of Hospice to provide comfort, relieve symptoms, and maximize patient function is greatly diminished if time on Hospice is too short.

10. What is the difference between Hospice and Palliative Care?

"Palliative care" simply means care (in any setting) that hopes to relieve symptoms of a patient's illness, in order to increase comfort and relieve suffering. Teams of caregivers (nurses, advanced practice practitioners, and physicians) work alongside standard physician specialists to provide enhanced quality of life for patients with chronic illnesses which are incurable and progressive, while the patients are still receiving a variety of active disease-altering treatments for their conditions. This team focuses on palliation of symptoms, but also attends to broader concerns such as family adaptation and advance care planning. They provide better patient understanding of disease trajectories over time. They aid in discussions within families about options for future medical care, and about realistic hopes and expectations. This includes the eventual consideration of Hospice if the patient qualifies, and elects to pursue "comfort care" only, instead of repeated hospitalizations and complicated active treatments which have only little chance of benefit.

