Your role in palliative and hospice care

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A: Patients now have many options when facing advanced or terminal illness. Historically, patients with terminal illnesses were cared for at home. Today, pharmacologic and technologic advances help patients live longer, but not necessarily better. The idea behind hospice care is to provide patients with a comfortable and dignified death. Shifting from cure-centered care to palliative care is often difficult. However, knowledge of palliative and hospice care provides an essential component of practice that can help patients attain a comfortable end of life.

In a society that's focused on extending life, nurses need to take a step back and look at the dying patient holistically. Is the patient comfortable? Will the treatment, intervention, or medication provide him with an increased quality of life? What's the patient's emotional state? Is this really the treatment he wants and does he fully understand the options? And, most importantly, have you discussed with him advance directives?

Palliative and hospice care are actually two similar programs with a philosophy of holistic caring:

• Palliative care is the umbrella term for comfort care, which covers patients at any stage of illness. Although care is comfort centered, it allows patients to receive curative treatments. This includes aggressive pain and symptom management.

• Hospice care falls under this umbrella with comfort as the goal but when the patient's prognosis is estimated to be 6 months or less, all curative treatments are discontinued. The care is then shifted from managing the disease to managing the person using a holistic model to maintain comfort and dignity and decrease troublesome symptoms at end of life.

Patients may ask who qualifies for these programs. As a nurse, how do you identify patients who could benefit? Although one of the most commonly referred diagnoses for palliative and hospice care is cancer, hospice isn’t just for cancer patients as many patients may think. Other referred diagnoses include heart and lung disease, neurologic disorders such as Alzheimer disease, amyotrophic lateral sclerosis, multiple sclerosis, HIV/AIDS, renal disease, and adult failure to thrive.

Life expectancy is very individualized because diseases have many trajectories. Some have a slow and steady decline whereas others are a roller coaster of exacerbations. Yet others are characterized by a long-term dwindling of functional status. If you identify a patient in one of these trajectories, you should advocate for a palliative care referral.

Knowing the patient’s wishes is paramount to providing good care. Often, patients and their families may believe hospice is for death or cancer, but not for them. Embrace these teaching moments to educate your patient about all options available to him and involve the healthcare provider.

Nurses function as the concierge for many patients. In maintaining that role, it’s essential to understand the options for end-of-life care.

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