

Hospice Care

Abstract:

Hospice care is medical care for clients with an anticipated life expectancy of 6 months or less when a cure isn't an option and the focus shifts to symptom management and quality of life. Diagnoses such as cancer, Parkinson's disease, and Lou Gehrig's disease (ALS) are just a few of the diagnoses that are common for hospice care. The medical team which consists of doctors, nurses, and caregivers, just to name a few, focus on the physical, psychosocial, and spiritual needs of the client while supporting the family members and other individuals that love and support the client. Hospice does not utilize curative therapies or medical interventions intended to prolong life and they never speed up the process of death. Hospice care is offered in two types of settings, at home allowing the patient to be with important objects, memories, and family. Or, in a facility such as a nursing home, hospital, or even in a separate hospice center.

Learning Objectives:

1. Describe what hospice care is and is not.
2. List the differences between palliative and hospice care.
3. Discuss who qualifies for hospice care and how to access hospice care.
4. Explain the caregivers' role in caring for clients enrolled in hospice care.

Introduction

Hospice care is care for clients who are not expected to live past 6 months. This care is client-centered while providing supportive care for family and other individuals caring for the client. Clients are not seeking a cure for their illness but rather their goal is managing pain and other symptoms to improve their quality of life with the time they have remaining. Clients sometimes decide they no longer want to go through painful or difficult treatments that may not improve or extend their life and choose to utilize hospice care for this process. Part of the process for the client as well as those who care for and love the client is the acceptance that death is inevitable.

Hospice Care

Hospice care is a special kind of care that provides compassion and understanding not only for the client but also for those caring for the client. Hospice cares for clients in the last phases of incurable disease so that they may continue to live as fully and comfortably as possible. Hospice focuses on the quality of their life while they are experiencing an advanced, life-limiting disease, or illness.

Hospice care includes periodic visits by the hospice team members to the client and family/friends who are in-home caregivers. Hospice providers are available 24 hours a day, 7 days a week to respond if client or caregiver concerns arise. Hospice is the only medical care that includes bereavement care during the client's illness and up to more than a year following the client's death of family members.

The philosophy of hospice is to embrace the final stage of life. Hospice does not assist in speeding up the process of death but rather celebrates and affirms life. Hospice treats the client and the symptoms of the disease, rather than treating the disease itself. A team of health care professionals work together to manage the client's symptoms so that their last days may be spent surrounded by their loved ones with dignity and quality of life. The client and the family make the decisions with the support of the hospice team and hospice is always client and family-centered.

Difference between Hospice Care and Palliative Care

Hospice and palliative care both offer relief from the pain and symptoms of a serious illness. They also address the emotional, social, and spiritual needs of clients and their families. Hospice is a type of palliative care for clients in the final stages of life.

Palliative care:

Palliative care is specialized medical care for clients living with a serious illness, such as cancer or heart failure. Clients in palliative care may receive medical care for their symptoms along with treatment intended to cure their serious illnesses. Palliative care is meant to enhance a person's current care by focusing on the quality of life for them and their family.

Palliative treatments vary widely and often include:

1. medication
2. nutritional changes
3. relaxation techniques
4. emotional and spiritual support
5. support for children of caregivers

Hospice care:

Clients choose hospice care at the end of life for support for themselves and their families. Hospice care focuses on the care, comfort, and quality of life of a client with a serious illness who understands they are approaching the end of life.

At some point, it may not be possible to cure a serious illness, or a client may choose not to undergo certain treatments that may extend their life but not provide quality of life for them. Hospice is designed specifically for this type of situation. The client beginning hospice care understands that his or her illness is not responding to medical attempts to cure it or to slow the disease's progress or have made the decision to forgo treatments that reduce the quality of their life.

Like palliative care, hospice provides comprehensive, personalized comfort care as well as support for the client's family. Attempts to cure the

client's illness are no longer utilized and the focus is on the quality of life they have remaining. Hospice is provided for clients with a terminal illness whose doctor believes he or she has six months or less to live if the illness runs its natural course.

It's important for a client to discuss hospice care options with their provider as soon as possible. Sometimes, clients don't discuss hospice care soon enough to take full advantage of what hospice support can really do for the client and the family. Sometimes clients are in denial or are fearful and wait too long to begin hospice care. Or sadly, some clients are not eligible for hospice care soon enough to receive its full benefit. Starting hospice early can provide months of meaningful care and quality time with loved ones.

Hospice care brings together a team of people with special skills. This includes nurses, providers, social workers, spiritual advisors, in-home caregivers, and trained volunteers. All of these team members work together with the client who is dying, and the caregivers and the family provide the medical, emotional, and spiritual support needed. Facing death can be frightening and painful but hospice can help open conversations for family and give those caring for the client time to step away to rest or process what is happening to their loved one.

Stopping treatment aimed at curing an illness does not mean discontinuing all treatment. Medications such as blood pressure control or any medication the client is utilizing for pain would be continued or adjusted in accordance with how the client is feeling. Keeping the client comfortable and allowing the process of death to happen gracefully is the goal of hospice care.

Hospice visits to the client's location would be provided by the provider, nurse, medical social worker, in-home caregivers, and chaplain or spiritual adviser. These team members would care for the client in the following areas:

1. medication for symptom control, including pain control
2. medical equipment like a hospital bed, wheelchairs or walkers, and medical supplies such as oxygen, bandages, and catheters
3. physical and occupational therapy
4. speech-language pathology services
5. dietary counseling

6. any other Medicare-covered services needed to manage pain and other symptoms related to the terminal illness, as recommended by the hospice team
7. short-term inpatient care (pain and symptom management)
8. short-term respite care for family caregivers (caregiver burnout)
9. grief and loss counseling for the patient and loved ones

Hospice care comes to the patient wherever they may be.

1. Hospice services are provided where a client lives, which may be their private residence or that of a loved one, an assisted living center, a nursing home, or in some cases, in a hospital.
2. Some hospice services have their own long-term residential centers where services are provided. When hospice care is provided at a residential center, the client/family remains responsible for the costs associated with the residence, as they would for any other home.
3. If a client needs 24/7 care, hospices may transport the patient to a special inpatient facility for a short period of time to manage symptoms, with the goal of returning the client to their home.

How to Access Hospice Care

Some clients and families are afraid to discuss hospice care, they might be in denial, or they do not know how to access it. Hospice Foundation of America can be contacted at:

<https://hospicefoundation.org/Contact-HFA> or by phone at 800-854-3402.

If a client or family member feels hospice may be the right choice at this time, here is how they can proceed:

Begin the Conversation

Discuss hospice with your loved one if possible. Then, discuss the option of hospice with a healthcare provider to determine eligibility. Consider hospice when facing a serious, incurable illness or condition that no longer is

responding to treatment aimed at a cure. It may also be time if your loved one refuses or discontinues treatment because treatment is physically incapacitating, intolerably debilitating, or ineffective. In cases of Alzheimer's disease or dementia, hospice care is appropriate at the end stage of the disease process which has many different timelines for individuals.

Get Recommendations

If your provider agrees that hospice would be beneficial and medical eligibility requirements have been met for the illness or condition and hospice care would be beneficial, ask the provider for recommendations for a hospice provider and several hospice care services you can meet with to discuss future care. You may also want to ask others for their opinion surrounding hospice care, such as family, friends, or anyone whose opinion you respect about their experience with a local hospice provider. If your provider does not believe hospice is the right choice at this time, or ever, you may contact a local hospice for assistance with a referral.

<https://hospicefoundation.org/Hospice-Directory> for a listing of state hospice organizations that can answer questions about services and options available in your state.

Visit and Assess Providers

You may request a no-cost, no-obligation visit from the hospice provider you are considering. The hospice service will send a provider to the home, hospital, assisted living facility, or nursing home to make a clinical assessment and to answer questions. Usually, staff at a hospital, provider's office, assisted living facility, or nursing home can help set up an appointment with a hospice representative.

<https://hospicefoundation.org/Hospice-Care/How-to-Choose> for suggestions on what to ask or how to choose a provider.

Proceed with Admission

Once the assessment is completed by the hospice representative, the client or someone who is legally authorized to speak on behalf of the client may request to proceed with hospice services. If the client is eligible the referral process will begin.

Receive Services

Hospice care and services can begin as soon as the provider deems hospice services are appropriate and the client's consent form and other required documents are signed. The planning phase begins with any necessary medical equipment needed. This could include such equipment as a hospital bed, bedside commode, supplemental oxygen, or any other supplies needed for comfort. These items would be delivered to the personal residence or wherever the client and family decide. An initial meeting at the place of residence will be arranged where a comprehensive care plan is developed by the hospice team. During this meeting discussion of caregiver responsibilities by family and friends, pain control approaches if necessary, and any dietary concerns. The client would then be transported if necessary from the hospital to home or another residential setting.

Who Qualifies for Hospice Care

To qualify for hospice services a hospice provider and a second provider, usually, the client's primary care physician must evaluate the client and ensure that the client meets specific medical eligibility criteria. Qualifications would include that the client is not likely to live longer than 6 months and has chosen to discontinue any treatment that would extend life. Normally the primary care provider would refer the client to the hospice provider to confirm eligibility.

Self or family referral is possible as mentioned above, by contacting hospice directly. Eligibility is still required and must be confirmed by providers to receive care. If the client's provider (PCP) does not agree that the client is eligible for hospice care or if the client has not seen a provider for many years

the client or family may reach out to a local hospice provider for more information on the admission process. This can be done by contacting the hospice foundation at:

<https://hospicefoundation.org/Hospice-Directory> for a listing of state hospice organizations that can answer questions about services and options available in your state.

Common diagnoses of those who receive hospice care include, but are not limited to:

1. cancer
2. heart disease
3. dementia
4. Parkinson's disease
5. lung disease
6. stroke
7. chronic kidney disease (CKD)
8. cirrhosis
9. Lou Gehrig's disease (ALS)

Below are the leading diagnosis for hospice care in 2021:

1. Cancer (26.6%)

- a. Cancer is still the top terminal illness; the figure has been declining for several years now due to advances in the treatment of the disease. Both hospice admissions and deaths have dropped for people with cancer. Today, cancer is responsible for under 25% of all deaths in the US.

2. Heart Disease (17.4%)

- a. 17.4% of hospice patients were diagnosed with heart disease. People who were diagnosed with heart disease usually had a heart attack or stroke.

3. Dementia (15.6%)

- a. Dementia is a fast-rising diagnosed disease that leads to patients moving into hospice care. End-stage dementia requires very detailed and extensive care due to patients being unable to perform many of the most basic functions without help.

Eligible Health Plans for Hospice Care

Medicare covers most aspects of hospice care and services. There is no deductible for hospice services although there may be a very small co-payment for prescriptions and for respite care. In most states, Medicaid offers similar coverage.

Most private health insurance plans through an employer or on a state or national exchange (if you buy your health insurance through the health insurance exchange in your state or HealthCare.gov then it's considered an on-exchange plan) offer hospice benefits. The extent to which they cover services may be different from federally available Medicare and state-available Medicaid. Hospice accepts private payment and is referred to as "self-pay."

There are strict federal rules that must be abided by that address length of stay in hospice and who is eligible. These possible changes to care may occur due to:

Extensions:

Benefit periods for hospice are two 90-day periods followed by an unlimited number of 60-day periods. Although medical eligibility generally relies on the provider's opinion that the client's life expectancy is 6 months or less, neither the client nor the provider is penalized if the patient lives longer than 6 months. The client can be re-certified for hospice care, provided medical eligibility is validated.

Discharge:

If a client's condition stabilizes or improves sufficiently, they may no longer meet medical eligibility for hospice services. At that time, the client is "discharged" from the hospice program and their Medicare benefits revert to the coverage they had before electing hospice care.

Revocation:

Sometimes hospice clients may choose to pursue curative therapies such as entering a clinical study for a new medication or procedure. To do so, the client must withdraw their selection of hospice care, called "revocation." Clients who are discharged, as well as any who choose to leave hospice care, can re-enroll at any time provided they meet the medical eligibility criteria.

How to Care for Hospice Clients

Caregivers have a vital role in caring for hospice clients. They have many responsibilities but here are a few common roles.

1. assisting the client with meals (feeding)
2. assisting the client with grooming and using the toilet
3. bathing the client
4. turning and repositioning the bed-bound client
5. changing the client's linens
6. keeping the client's living space clean
7. assisting with the set-up of medical equipment
8. stocking medical supplies

One of the most important responsibilities of a caregiver is emotional support. Being a caregiver means you are available and near the client most of the time when caring for them and as clients progress in their illness they may be frightened to be alone. They may need reassurance from someone they trust and are familiar with. They may be afraid to be alone and just need someone close or someone to hold their hand. Caregivers can certainly create strong bonds with clients and especially those clients that are approaching the

end of their life. A caregiver should have good listening skills and know what it means to be empathetic.

Family members and caregivers will learn about the clients' daily routines and moods. They are the first line of care and will be able to report if they detect something is off or if the client is acting or reacting differently. When a family member or someone who spends a lot of time with the client relays a concern or an observation to the caregiver it is important to report this to the supervisor for further follow-up.

Caregivers enable clients to stay in their homes while receiving the support they need while still retaining that feeling of safety and security that only being home can provide. The caregiver's role is vital to the client by providing assistance with everyday tasks, daily care, and emotional and/or spiritual support.

What to Expect at the End of Life

Everyone's experience is different at the end of life. Death can happen suddenly, or a client may remain close in that near-to-death state for some time. This could be days, weeks, and sometimes even months. During this process of death, clients may present in different ways. While some clients may fail physically and remain sharp in their thought processes the opposite is true in others. Other clients may remain physically strong while their thought processes diminish.

End-of-life care is the term used to describe the support and medical care given during the time surrounding death. Because many older clients have lived with chronic health conditions for extended lengths of time, death may not ensue for weeks or even months. This type of care does not only occur in the moments before breathing ceases and the heart stops beating but months prior to death.

The end-of-life may look different depending on the client's preferences, needs, or choices. Some clients may want to be at home when they die, while

others may prefer to be in a hospital or facility until the very end. Many want to be surrounded by family and friends, but it's not unusual for some to slip away while their loved ones aren't in the room. When possible, there are steps that can be taken to increase the likelihood of a peaceful death, follow their end-of-life wishes, and treat them with respect while they are dying.

Clients who are utilizing hospice and are dying usually need care in these four areas:

1. physical
2. emotional
3. spiritual
4. practical

Physical

Physically there may be several areas the caregiver may be assisting the client.

1. pain
2. breathing problems
3. skin irritation, including itching
4. digestive issues
5. temperature sensitivity
6. fatigue

Pain:

Not everyone who is dying experiences pain. For those who do, experts believe that care should focus on relieving pain without worrying about possible long-term problems of drug dependence or abuse.

Struggling with severe pain can be draining and make the dying person understandably angry, irritable, or short-tempered. This can make it even harder for families and other loved ones to communicate with the person in a meaningful way.

Don't be afraid of giving as much pain medicine as is prescribed by the doctor. Pain is easier to prevent than to relieve, and severe pain is hard to manage. Try to make sure that the level of pain does not get ahead of pain-relieving medicines. Asking the client if their pain is being controlled is important. If they are experiencing an increase in pain, this needs to be reported to a supervisor immediately so they can adjust or change the medication.

Morphine is an opiate, a strong drug used to treat serious pain. Sometimes, morphine is also given to ease the feeling of shortness of breath. Research has shown that morphine given in clinical settings near the end of life does not quicken death when it is prescribed appropriately. Many clients when reaching the end of life stage have increased pain and concerns about their breathing and alleviating this can be very comforting for these clients.

Breathing problems:

Shortness of breath or the feeling that breathing is difficult is a common experience at the end of life. The medical term for this is dyspnea. To help ease breathing for your client, raise the head of the bed, use a humidifier, turn on a fan, or open a window. At times, morphine or other pain medications can help relieve the sense of breathlessness.

Abnormal breathing patterns are not uncommon towards the end of life and are known as Cheyne-Stokes breathing. The client's breathing may alternate between deep, heavy breaths, and shallow or even no breaths. Some clients very near death might have noisy breathing, sometimes called a death rattle. Turning the client to rest on one side or elevating the client's head may help alleviate the noisy breathing.

Skin irritation:

Skin problems can be very uncomfortable and cause irritation for a client when they are dying. Keep the client's skin clean, and moisturized. Applying lotion to the client's skin can help moisturize it and reduce dry itchy areas.

Dryness on parts of the face, such as the lips and eyes, can be a common cause of discomfort near death. These tips may help:

1. Apply a balm or petroleum jelly to the lips.

2. Gently dab an eye cream or gel around the eyes.
3. Try placing a damp cloth over the person's closed eyes.
4. If the inside of the mouth seems dry, giving ice chips (if the person is conscious) or wiping the inside of the person's mouth with a damp cloth, cotton ball, or specially treated swab might help.

Sitting or lying in one position can put constant pressure on sensitive skin, which can lead to painful bed sores (sometimes called pressure ulcers). When a bed sore first forms, the skin gets discolored or darker. Assess your client carefully when bathing or repositioning.

Turning the person in bed every few hours may help prevent bed sores and stiffness. Padding these vulnerable areas can raise them off the bed and help reduce the pressure and help in the prevention of bed sores.

Digestive problems:

Common digestive problems towards the end of life are nausea, vomiting, constipation, and loss of appetite. Swallowing may also be affected and could become an issue with nutrition or a choking hazard. Medications can control nausea or vomiting or relieve constipation to assist in comfort for the client.

Serving frequent, smaller meals rather than three larger meals can be more comfortable and easier for the client to manage. If a client's appetite decreases which is very common, offer foods they like in small amounts. Help with feeding if the person wants to eat but is too tired or weak. Ask the client how they would like assistance or what they might like to eat.

Never force a dying person to eat. Losing one's appetite is a common and normal part of dying. Forcing a client to eat it could cause them to choke if they are experiencing issues with swallowing. Going without food and/or water is generally not painful and eating and drinking can add to a dying person's discomfort. A conscious decision to give up food can be part of a person's acceptance that death is near, and it is important to honor what the client wants and rejects.

Temperature sensitivity:

When a client begins to approach death, their hands, arms, feet, or legs may be cool to the touch. Some parts of the body may become darker or blueish, this is called mottling. Mottling occurs when the heart is no longer able to pump blood effectively. The blood pressure slowly drops and blood flow throughout the body slows. People who are dying may not be able to tell you that they are too hot or too cold but watching the client's behavior such as repeatedly trying to remove a blanket is indicative of being too warm.

Fatigue:

As clients reach the end of life they will want to sleep more and have very little to no energy. Keep things simple and available. Keep a bedside commode close by, a shower chair in the shower, or provide sponge baths if they are too weak to get out of bed.

Emotional

End-of-life care can also include helping a dying client manage their emotional distress. A client who is alert and aware near the end of life will possibly have many emotions. Supporting the client with these emotions can be emotional for the caregiver as well as the client. It is very important to support the client with these feelings just like the physical symptoms. Stay present and encourage them to express their feelings. Reporting these findings to a supervisor so support can come from a counselor, therapist, or even a spiritual support person, such as a priest or minister. Medicine may also help if the depression or anxiety is severe.

The dying client is likely to have some specific fears and concerns. They may fear the unknown or worry about those they are leaving behind. Some clients may be afraid of being alone when they die. These feelings can be magnified by other people. Some family and friends may not know how to help, or they do not know what to say to the client. This may cause them to stop visiting, or they may not know how to deal with their own grief. Providers can feel helpless and avoid seeing the client because they feel like there is nothing else they can do or they feel like they have failed the client.

Some people may even dissociate, experience mental confusion, and may have strange or unusual behavior. These people do not know how to connect with the client, so they stay away from the client only to make the client feel isolated and alone.

Here are a few tips that caregivers can use to help manage mental and emotional needs:

1. Provide physical contact. Try holding hands or a gentle touch.
2. Set a comforting mood. Some people prefer quiet moments with fewer people. Use soft lighting in the room.
3. Play music at a low volume. This can help with relaxation and lessen pain.
4. Involve the dying person. If the person can still communicate, ask them what they need.
5. Be present. Visit with the person. Talk or read to them, even if they can't talk back. If they can talk, listen attentively to what they have to say without worrying about what you will say next. Your presence can be the greatest gift you can give to a dying person.

Spiritual

Spiritual needs may be as important as physical needs when some clients are nearing the end of life. Spiritual needs may include making things right with another person possibly due to a disagreement or misunderstanding. The dying person might find comfort in resolving unsettled issues with someone and a social worker or a counselor may be able to help with this. Other clients may be looking at finding meaning in one's life.

Many clients find peace within their faith. This could alleviate fear or stress associated with the end of life. Others may struggle with their faith or spiritual beliefs and the uncertainty of what happens after death. Praying, reading religious information, or listening to religious music may help some clients. Offering a minister, priest, rabbi, or imam from the religious community could be helpful to the client.

Family and friends can talk to the dying client about what they have meant to them and how they influenced their life. Children and grandchildren

can share just what an impact they have been in their life and how much they have taught them. Cards, letters, phone calls, and recordings both audio and video can be shared. Technology has enabled us to be present even from miles away through video calls and zoom.

Share memories with the dying client. Finding comfort together can be very healing. It has been stated that hearing is the last sense that leaves the body. Talk to the client, even if they are unconscious. Touch their hand or arm and tell them who you are and that you are there with them. Keeping a vigil means staying close to the client who is dying. Taking turns staying with the client can be comforting for the caregiver or other family members.

Practical

Clients might be worried about who will take care of things when they are gone. Clients that have younger children, an aging spouse, or responsibility for a loving pet will have worries about what will happen to them once they are gone. A family member or friend can offer reassurance by taking on those responsibilities and taking the pressure off the client. Reminding the dying client that their personal affairs are in good hands allows them to concentrate on themselves.

Everyday tasks or household responsibilities can also be a source of worry for someone who is dying and can overwhelm a caregiver. A family member or friend can relieve the caregiver of some of these responsibilities by lending a hand with small daily chores around the house such as picking up the mail, writing down phone messages, doing a load of laundry, feeding the family pet, or picking up medicine from the pharmacy. Sometimes others do not know how to help out and the primary caregiver may need to ask for help or delegate certain responsibilities.

Taking care of a dying family member or friend can be overwhelming and the added responsibility of keeping close friends and family informed can become just another task. A family member or friend can help by setting up an outgoing voicemail message, a blog, an email list, a private Facebook page, or even a phone tree to help reduce the number of calls the caregiver must make.

Being the primary caregiver and providing comfort and care for someone at the end of life can be physically and emotionally exhausting. Asking for help and accepting help when it's offered is vitally important. Suggesting a specific task to someone who offers help removes any confusion about how others can help. Friends and family are usually eager to do something which helps with their feelings of wanting and needing to be supportive and not knowing what to do. Allow them to feel they are part of the process and that they are supporting their loved ones as well.

Caring for The Entire Family Unit

When professional caregivers work with hospice clients they are not only caring and supporting the client but the entire family. The responsibility lies in educating the family and loved ones on how to personally care for the client when professional staff is unavailable. Educating family and loved ones not only includes the client's personal care but their own. Supporting and caring for a loved one is taxing and emotionally distressing. Care encompasses the physical, emotional, social, and spiritual needs of the client and the person caring for the client. Remember, caring for a dying loved one can be overwhelming but delegating responsibilities, and asking for help when needed will create quality time spent with a loved one rather than worrying about menial responsibilities.

Providing respite care is probably one of the most important aspects of caring for the entire family. Caring for a terminally ill loved one is mentally and physically exhausting. Respite care enables needed breaks for those caring for the client, to rest physically and emotionally so that when they return to care for their loved one they can be completely present. Respite care decreases burnout and emotional strain. Upon returning from respite care, caregivers are able to focus, be present, and this enables them to spend quality, meaningful time with their dying loved one.

Emotional support for the family from professional caregivers helps facilitate coping with the anticipated loss of their loved one. All hospice staff can assist or support the client or family members, but special guidance and support come from social workers and chaplains. Being able to talk about and

express the inevitable end of life is difficult to talk about or accept. Professional caregivers can provide a safe place to begin this conversation with the client or their loved ones. Remember everyone expresses and processes grief differently and bringing attention to needed assistance from social workers or chaplains is a vital part of a caregivers' responsibility. When people are supported, educated, and embraced they are able to take on even the most painful of life experiences.

Hospice staff can also help with advance care planning if that hasn't already been taken care of. Advanced care planning includes health care preferences such as pain relief, religion, and where they would like to be when they die. Hospice staff can also assist with preparing the client's Living Will and Medical Power of Attorney (POA) documents. A Living Will is a written statement detailing a person's desires or wishes regarding their medical treatment when the client is no longer able to express those wishes. This would mean the client is no longer conscious, able to express coherently, or able to speak. When creating a medical POA, most people choose to make it durable. A non-durable Power of Attorney ceases to be effective if the client becomes disabled, whereas the "durable" Power of Attorney continues to be effective despite the client's subsequent disability. Having a durable medical POA means the person the client has chosen will act on behalf of them if they are incapacitated and no longer able to communicate their wishes. The durable POA would be able to make medical decisions for the client when they are no longer able to speak for themselves.

Research has shown that spouses of clients that received hospice care live longer compared to those clients that did not choose end-of-life hospice care. These findings suggest that hospice care is not only client based but also embraces the entire family unit. It is believed that by alleviating the burden of intense caregiving it alleviated some of the sufferings. If family members can spend quality, meaningful time with their loved ones and be free of some of the caregiving they will create moments of joy and celebrate the life of their loved one.

Importance of Self-care When Caring for Hospice Clients

Recognizing the importance of self-care both physically as well as emotionally in the practice of hospice care is vitally important. It is encouraged for those in any medical practice to develop a self-care plan, especially those supporting the dying and those who are experiencing burnout, compassion fatigue, and moral distress. When surrounded by death on a regular basis, it is imperative to recharge so that it is feasible to give the best care possible to the next client that will need care.

Maintaining wellness demands self-care strategies that surround both personal and professional self-care. Personal self-care may include family, the social aspect of our lives, and our spirituality whether that be a religion or higher power. This may include maintaining a healthy lifestyle such as regular exercise, vacations, hobbies, and work-life balance. Creating strategies that work is what is important in creating and maintaining an atmosphere that restores balance in life.

When spending time with clients, a therapeutic relationship forms, and professional caregivers learn about their relationships, their families, those they love, and their hopes and dreams for their future. As they approach the end of their lives, they experience great loss, and their loved ones will begin the grieving process. During this time together you share their losses and when that time comes and you witness their death, you will experience grief as well.

Patients genuinely touch our lives, and they may share personal details that they have never spoken about before. Having this experience with them is a gift and a burden. Every time you experience a loss, it is cumulative, and eventually, this can be so very overwhelming and painful.

Summary

Hospice care is specialized care for those clients not expected to live longer than 6 months and have chosen to not pursue any further curative treatment. Care can be provided at home, in a nursing home, in assisted living, in the hospital, or in a specific facility strictly for hospice clients. Care is provided to the client as well as the extended family. Areas of focus are physical, emotional, spiritual, and practice support. Caregivers teach family

and friends how to support their loved ones in these areas. Respite care is available for those individuals who are caring for their loved ones to assist with burnout prevention and emotional and physical breaks. Caregivers are encouraged to practice self-care and delegate responsibilities to others if they are willing to assist. Hospice staff build relationships with clients and their families and can go through the grieving process as well. Hospice staff needs to ensure they are practicing balance with personal and work life.