

Talking to Your Doctor About Hospice Care



Advocate at Home

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Death and dying—subjects that were once taboo in our culture—are becoming increasingly relevant as more Americans care for their aging parents and consider what their own preferences and options would be if they were faced with a life-limiting illness.

Yet, even those who have discussed end-of-life issues with family and friends have often neglected to assure that their physician is in tune with their needs and wishes. Most experts on issues surrounding death and dying agree that the time to discuss your views about end-of-life care, and to learn about end-of-life preferences, is before a life-threatening illness or crisis occurs. By preparing in advance—and assuring that your doctor is aware of your wishes regarding end-of-life care—you can make an educated decision that includes the advice and input of loved ones, while easing the burden on them during a time that is already stressful.

Talking with your doctor

Life is uncertain and we cannot always anticipate when we will need to make a decision for ourselves or a loved one regarding end-of-life care and hospice care. Do not wait until a crisis occurs before discussing concerns about end-of-life treatments with your doctor. In fact, many physicians will not initiate this conversation with you unless you have opened the door. Here are some tips to start the conversation:

- Make sure your doctor knows the quality of life that is important to you and that he or she can support your wishes for hospice and palliative care (symptom control).
- Talk with your doctor about your end-of-life wishes, and discuss his or her philosophy regarding end-of-life care and treatment. If you find that your physician does not agree with or cannot support your preference for hospice and palliative care, it may be time to choose a different physician while you are able to make that choice.
- Let your doctor know that you are completing advance directives, and make sure your doctor is willing to follow your directives. The law does not force physicians to follow directives if they disagree with your wishes for moral or ethical reasons.
- Give your doctor a copy of your completed directives. Make sure your doctor knows the name and telephone number of your appointed health care agent.
- Assure your doctor that your family and your appointed health care agent know your wishes.
- Reassess your decisions over time, as major life events may affect your choices regarding end-of-life care.

Preparing advance directives

When evaluating your wishes and options for end-of-life care—should the need arise— you may find that talking with loved ones, friends and members of the clergy can often help you determine your preferences concerning end-of-life treatments. Make certain that those preferences will be respected even if you lose the ability to participate in your health care decisions by signing an advance directive. “Advance directive” is a general term that describes two types of legal documents that “speak” for you in the event of incapacity:

- A living will allows you to document your wishes concerning medical treatments at the end of life.
- A medical power of attorney allows you to appoint a person you trust as your health care agent, who is authorized to make medical decisions on your behalf.

Advance directives are legally valid throughout the United States, although the laws governing advance directives vary from state to state, so sign advance directives that comply with your state’s law.

Introduce your health care agent to your physician

You may want to introduce your physician to your health care agent while you are still in good health to establish a comfort level and line of communication between them. This will help assure that your preferences for end-of-life treatment are honored. And urge your



health care agent to keep an open line of communication with your doctor as your treatment needs increase.

Health care agents must be willing to be assertive in expressing your wishes and to ask as many questions as is needed regarding your ongoing condition and prognosis, including the goals of a treatment plan. Often a physician's definition of "recovery" can be different from what would be acceptable to you. Hospital-appointed social workers or patient representatives can also help keep the lines of communication open between health care agents and physicians, should that become necessary.



Let your doctor know that hospice is your preference—and why

In general patients are hospice-appropriate soon after they are deemed to have a life expectancy of less than six months, if the disease process runs its natural course. Let your doctor know that, under these circumstances, you would prefer hospice care to aggressive clinical treatment for:

- Symptom and pain management to make each final day with family and friends count
 - Reducing family stress by having a case manager nurse serve as the point person for condition of care
 - Assistance with social and spiritual issues, caregiver needs, financial planning and other end-of-life concerns
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Discuss the financial benefits of hospice care with your doctor

Hospice care is often less expensive than other traditional types of treatment. Remind your doctor that reimbursement for hospice is offered through Medicare, Medicaid and many traditional insurance plans. Typical benefits include:

- 24 hour nursing availability
- 100 percent coverage of all services related to a hospice diagnosis, including physician visits
- All home medical equipment, medications and supplies related to the hospice diagnosis

- Visits made by any member of the hospice team, based on assessed need
 - Short-term care at a designated hospital, including transportation
 - Short-term respite care
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Dispel the myth that hospice is for cancer patients only

One of the most prevailing myths of hospice treatment is that hospice only serves those diagnosed with cancer. Make sure your doctor understands that the only diagnosis necessary for hospice care is a life expectancy of six months or less, and a desire by the patient to forego aggressive clinical treatment. While many end-stage cancer patients turn to hospice care, hospice services are also commonly provided to patients with:

- End-stage cardiac, renal and liver disease
- Infectious diseases such as HIV
- Diseases of the nervous system and sensory organs including Alzheimer's Disease, Parkinson's Disease, multiple sclerosis and ALS
- End-stage CVA
- End-stage COPD



Advocate Hospice Philosophy

At Advocate Hospice, we believe our patients and their families have the right to choose how to live every day of the rest of their life, even while facing a life-limiting illness. Through this belief:

- We acknowledge that each patient's unique beliefs and values should guide how we deliver comfort and care
- We teach patients and their families that choices available through hospice care can improve the quality of their time together
- We strive to minimize anxiety, pain, fear and stress
- We will always preserve patient dignity

At Advocate Hospice, we partner with our patients and families and support their efforts to make every day count. For more information on how Advocate Hospice and our bereavement programs can help you and your loved ones, call **630.963.6800** in Chicagoland, or **309.268.5930** in Central Illinois.

Advocate at Home provides a full spectrum of outstanding services, including nursing care, hospice care, medical equipment, home infusion, and respiratory and rehabilitation therapies, along with innovative programs that help patients make successful transitions from the hospital. By providing innovative home care solutions and the best possible health experiences, Advocate at Home helps patients remain in their homes.

If you have questions or would like more information about hospice care, please call Advocate Hospice in Chicagoland at **630.963.6800** or in Central Illinois at **309.268.5930**.

