



## Physician to Physician: Understanding Palliative Care

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In hospice care we often hear the question, “What is Palliative Care?” All hospice care is palliative in nature by focusing on comfort care measures for the patient, but there is also a medical specialty called Palliative Care. The agencies in our hospice family work with internal and external Palliative Care providers available in their communities as part of our continuum of care – ensuring patients receive the right level of care at the right time.

Palliative Care is recognized as a medical specialty that provides care to those suffering from a serious or life-threatening illness. Palliative Care is distinct from hospice care since the patient need not forego curative treatment and need not be certified as terminal within six months if the disease follows its expected course.

Our current health care system is the best in the world. Despite ongoing medical innovation, we fall short of a providing cure for those suffering with a terminal illness. Though technology provides a path for life-prolongation, aggressive therapy may be of such a burden that the results are frequently undesirable. At this point the patient’s goals have the greatest meaning: “Do I have to take all these pills?” or “If I don’t have the procedure, will I suffer more?” These concerns are addressed by Palliative Care while also dispelling the myths and fears associated with a progressive illness and treatment. Life goals become the new standard for the guidance of therapy.

Living with quality can far exceed quantity of life often associated with intractable symptoms of a life-limiting illness. Furthermore, unwanted suffering associated with illness or disease management can hinder some therapies. Palliative Care

seeks to reduce suffering so that effective treatments can proceed, thus allowing the option of continued aggressive medical therapy when appropriate.

Like Hospice Care, Palliative Care also introduces Advance Care Planning (ACP). In the past, families have carried the burden of decision making for patients who have not declared their wishes. This facilitates the dialogue regarding how care is delivered when the patient can no longer make decisions. Additionally, surrogate decision makers are identified so that care is consistent with the patient’s desires.

Dignity and compassion are tenets of palliative medicine. When the decision to stop aggressive therapy is reached, continued medical care directed toward comfort helps the patient and their family to focus on living until death occurs as a natural process of life.

Palliative Care is part of the Medicare Part B benefit and is also covered by Medicaid or private insurance (per specific policy plans). Palliative Care can be used with Home Health services, but not separately used with Hospice. Whether Home Health, Palliative Care, or Hospice Care is needed, we provide seamless transition between levels of care. We are committed to ensure patients receive the clinical excellence and the support they need while remaining at home, reducing hospital readmissions, and providing support for their family/caregivers.

**Questions? We are here 24/7/365.**