Palliative Care: It’s Not Just for Dying Anymore!

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Type your questions during the webinar

FREE WEBINAR
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12:00 - 1:00 pm

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In Partnership with the Minnesota Chapter of the Hospice and Palliative Nurses Association
Welcome!

Our objectives for today:
1. Define hospice and palliative care.
2. Describe the similarities and differences between hospice and palliative care.
3. Discuss ways to provide accurate information about hospice and palliative care to colleagues, patients and families, the general public, and the media.
4. Apply the content to one’s own work setting....

My objectives for today:
1. Have some fun!
2. Provide you with information helpful to you in your day-to-day work.

Polling question 1

When you think about how you might use the content of this webinar, who is your primary “audience?”
A. Clients/patients and their families/close others
B. Other healthcare providers/professional colleagues
C. General public
D. Your own family/friends
Polling question 2

How are hospice and palliative care similar and different?

A. They mean the same thing.
B. Hospice is palliative care but palliative care is not hospice.
C. Hospice is only for persons accept they are dying.
D. Palliative care is the same as symptom management.
E. Not sure – I am really confused!

Take heart, there is a reason for all of this confusion

Hospice and palliative care are the same AND different!

History is important

• Hospice dates back to the middle ages and was adopted in the US in 1974 and became a Medicare benefit in 1982
• Palliative care has its origins in Canada in 1974 and was adopted in the US in the late 1980’s
• “Denial” of death culture in the US
• Health care system and payment, technology, consumer demand

World-wide hospice and palliative care are synonymous
In the US, as time has gone on, mean entirely different things
Hospice-defined

*Hospice* is specialized type of care for those facing a life-limiting illness, their families and their caregivers. Hospice care addresses the patient’s physical, emotional, social and spiritual needs, helps the patient’s family caregivers, and takes place in the patient’s home or in a home-like setting. Hospice care concentrates on managing a patient’s pain and other symptoms so that the patient may live as comfortable as possible and make the most of the time that remains, with the belief that quality of life to be as important as length of life. (NHPCO, 2019)

Palliative care-defined

*Palliative care* is an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. (WHO, 2009)
A side-by-side comparison – what are the differences?

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To get further “clarity,” we go to the web....

What do we find?
- Hospice: a plethora of documents, videos....
- Palliative care: some good, some bad, others confusing....some for healthcare professionals and some for patients....
Another sample from the web

Some take home ideas: differences

**Hospice:**
- Terminal illness with a less than 6 month prognosis
- Care is aimed at comfort not prolonging life
- In the US, defined by Medicare; delivered primarily in a home or home-like setting
- World-wide hospice and palliative care are synonymous
- “Care concentrates on managing a patient’s pain and other symptoms so that the patient may live as comfortable as possible and make the most of the time that remains, with the belief that quality of life to be as important as length of life”

**Palliative care:**
- Appropriate at any stage of an illness
- Goals of care with an individual’s preferences being central
- Palliative care can be viewed as a continuum
- “Prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual”
- Advance care planning is foundational
Some take home ideas: similarities

- Person and family/close other-centered care
- Focus on symptom management
- Safety net
- Primary, secondary, tertiary prevention
- Way, way, way upstream....

Some take home ideas: words do matter...
Questions?

One final thought….the power of each of you...

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has. Margaret Mead

My sincere thanks!

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Next Webinar: September 19, 2019, Noon - 1:00 pm

Developing a Minnesota Assisted Living Report Card

By: Tetyana Shippee, PhD, JD, Assoc. Prof., UMN