



Palliative Care vs. Hospice Care

At VNA Community Healthcare & Hospice, we welcome conversations with any patient and family unsure about the level of care they require. Our palliative care program is available to patients not yet ready for their hospice journey, or those suffering the side effects of curative treatment who require symptom management. Below are important points to know about the requirements of a patient's condition to receive either palliative or hospice care, and some common scenarios that result in referrals to either service.

Palliative Care conditions

- A DNR is not required for either palliative or hospice care
- Patients receiving palliative care are often not terminal and there is no life expectancy requirement
- Patients may still be receiving curative treatment
- Patients must meet Medicare or insurance homecare requirements
- Common reasons for a referral to palliative care include if a person has been hospitalized multiple times, their condition is declining even with aggressive treatment, or they are suffering pain and symptoms as a result of treatment
- Symptoms we can help alleviate include shortness of breath, inability to move around freely, loss of appetite and nausea, confusion about treatment plan and worry about the future, loss of interest in hobbies and activities or depression and frustration with one's illness

Hospice conditions

- A DNR is not required for either palliative or hospice care
- Patients have a prognosis of 6 months or less **but they need not be homebound**
- Patients who have decided against further curative treatment
- Patients who will benefit from help at home including nursing, social work, pastoral care, rehabilitation therapy and volunteer support
- Common reasons for a referral to hospice care include diagnoses of terminal cancer, and advanced stages of chronic conditions such as heart disease, liver disease, HIV/AIDS, pulmonary disease or renal failure. Patients with dementia who have a limited ability to speak, weight loss, require ambulation assistance, recurrent hospitalizations and other factors may also be referred, as might patient's with neurological diseases such as ALS, Parkinson's and Muscular Dystrophy with life-threatening complications such as sepsis, pneumonia and recurrent fevers.