PALLIATIVE AND HOSPICE CARE

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As idiopathic pulmonary fibrosis (IPF) progresses, eventually your main options may be palliative (PAL-ee-uh-tiv) care and/or hospice care. Palliative care is often wrongly associated with “the beginning of the end.”

In fact, palliative care can begin anytime a patient needs help with achieving comfort, and it is now recommended as a routine part of the care of IPF patients. Pulmonary rehabilitation, which has been shown to reduce breathlessness, anxiety, and depression in some people with IPF, is actually a form of palliative care. It can also be an appropriate setting for discussions about the concept of palliative care and end-of-life planning. Hospice is typically reserved for patients who are believed to have less than 6 months of life remaining.

The table below highlights some of the similarities and differences between the 2 approaches:

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<th>Palliative Care</th>
<th>Hospice Care</th>
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Goal: To relieve pain or other distressing symptoms, and improve comfort and quality of life

Who is it for: Any person who is able to use it to reduce the negative impact that IPF symptoms may have on his or her daily life

Who is involved: Team members with a variety of skills, including physicians, pharmacists, nurses, religious leaders, social workers, psychologists, and other healthcare professionals

Where it is given: Can be administered at home or in an institution

What it provides: Physical and spiritual care, development of support systems; encourages an active lifestyle

Coverage: Varies by type of insurance

Goal: To help people who are dying have peace, comfort, and dignity

Who is it for: Typically reserved for people who have less than 6 months to live, although many patients are not put into hospice until later

Who is involved: Medical professionals and social workers

Where it is given: At a dedicated hospice center, but can also be done in nursing facilities, hospitals, or at home

What it provides: Treatments to control pain and other symptoms to maintain comfort: may incorporate forms of palliative care; also provides support to families

Coverage: Medicare offers hospice care as a key benefit for people with life-limiting illnesses such as IPF. Most state Medicaid programs include hospice benefits, as do most private health insurance plans, although coverage varies

http://www.lungsandyou.com/lifestyle/palliative-hospice-care
Of course, these are just suggestions. You should always consult a legal professional for legal advice, your insurance agent for insurance coverage details, and your healthcare professional for medical advice.