PALLIATIVE AND HOSPICE CARE

Palliative and Hospice Care

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:

<table>
<thead>
<tr>
<th>Palliative Care</th>
<th>Hospice Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
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.