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The Crucial Role of Hospice and Palliative Care

Hospice is an essential component of end-of-life care.

The goal of hospice is to improve quality of life in the patient's last months, focusing on comfort care, control of pain and symptom management, as opposed to continuing curative treatments.

To qualify for hospice, a person must have six months or less to live, and a referral from a doctor is required. Dr. Shavelson will gladly provide his patients with this referral.

Hospice services can be provided in the home or long-term care facility. For patients who require more intensive nursing care, residential hospice facilities may be available. Inpatient hospices are generally reserved for care at the very end of life.

In addition to caring for the patient, hospice also provides instruction, assistance, and support for the family. While on hospice, family, friends, and other loved ones are considered the patient's primary caregivers and are generally asked to help with feeding, bathing, and giving medications. They are not expected to perform skilled nursing tasks or any care they are uncomfortable with or not physically able to provide.

Hospice does not provide 24-hour care in the home.

Some hospices also provide respite care, allowing family members time away from their caregiving duties.

Who pays for hospice and what is included?

Medicare, Medicaid, managed care plans (HMOs), and most other health insurance providers include a hospice benefit. This benefit covers services, medications, and equipment related to the illness. Other covered services include intermittent nursing services; home health aids and homemakers; social workers; spiritual caregivers; physical, occupational, and speech therapists; medications for pain and symptom management; medical supplies and equipment; short-term inpatient care for crisis management and respite care; continuous home care in times of crisis; and bereavement services for the family after the patient's death. Many hospice programs also have payment plans for those without insurance coverage, and some may even offer services free of charge to those who

are uninsured or cannot afford it.

Hospice and the California End-of-Life Option Act

Hospices have no legal role in the California End-of-Life Option Act. But the law does recommend that patients choosing physician aid-in-dying also enroll in hospice.

Each hospice makes its own decision as to whether it wants to participate actively in aid-in-dying or not. Most hospices will continue patient care at the end of life even if the hospice will not participate in aid-in-dying. Dr. Shavelson will work closely with all hospices in the hope that they will continue to provide care to his patients who are accessing physician aid-in-dying. If a patient's hospice chooses not to continue care when a patient chooses physician aid-in-dying, Dr. Shavelson can arrange care by a hospice that will continue working with the patient and family.

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