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Hospice and Palliative Care By James L. Holly, MD Your Life Your Health The Examiner August 13, 2015

When we think of healthcare breakthroughs, we usually think of a new surgical procedure, or advances in medical equipment and drugs, not hospice and palliative care. Hospice's story however is unique and remarkable. Over the last four decades, hospice has quietly emerged as the leader in palliative care and has revolutionized the way that people die in America by honoring wishes and bringing peace, dignity and comfort to millions of patients and families. Hospice is active, aggressive palliative care and not just a passive last resort.

"Palliative" is defined as "to reduce the violence of a disease or to moderate the intensity of pain." "Hospice" is defined as, "a program designed to provide a caring environment for supplying the physical and emotional needs of the terminally ill." When patients and families choose hospice and palliative care, they receive care unlike any other. A team of dedicated medical experts, professionals, and members of our community makes it possible to provide these services. The care is comprehensive and delivered through a team approach in which doctors, nurses, nurse practitioners, nursing assistants, social workers, pharmacists, chaplains, trained volunteers, and bereavement counselors all participate. The care involves a multidisciplinary approach to expert medical care, pain and symptom management, and emotional and spiritual support tailored to the patient's needs and wishes.

The emphasis on providing palliative care has led to an evolving specialty in the medical field over the last few years. It is getting increasing attention and it is how medical providers ease the pain and suffering at the end of life. To understand the pressing need for palliative care, one must consider demographic trends and patient preferences. Close to a hundred years ago, there was little need for this type of care, the average U.S. life expectancy was less than 50 years, and the most common causes of death were accidents, infection and childbirth. Dying was typically quick and in the home with the family providing the care.

Currently, advances in medical technology and drug therapy have increased our length of life. The average American today lives 70-80 years and the fastest growing age group is 85 and older. Currently, there are more people over the age of 65 than there are under the age of 20. There are over 60,000 Americans who are 100 years and older. Today, only one out of ten people die suddenly or unexpectedly, the rest experience a terminal condition, or a gradual functional

decline due to a chronic illness. Palliative care has a new place in our society to allow dignity and comfort at the end of life.

We have increasingly higher expectations of what can be achieved in healthcare, even at the end of life. In the midst of thinking there is something else medically that can be done, patients, families and even healthcare workers view a referral to hospice as "doing nothing" rather than considering it another form of care. A referral to hospice is anything but a last resort, it opens the door to a supportive program that envelops itself around the patient and family. It's time to change the way we think of hospice and embrace palliative care as a medical option. Palliative care assures effective control of pain and symptoms while addressing spiritual, psychosocial and emotional issues in a timely manner, to facilitate personal growth and healing for patients and the family.

Hospice is considered to be the model for quality, compassionate care at the end-of-life. Local hospices in Southeast Texas have been a part of this healthcare revolution by providing end of life care in our community for the past thirty plus years. The Texas Department of Human Services is the regulatory agency responsible for the state licensure of hospice agencies in Texas. TDHS follows state and federal regulations as the basis for hospice licensure and certification requirements. TDHS surveyors make routine on site inspections to hospice agencies in Texas to ensure that standards and guidelines are being followed.

The TDHS surveyor's extensive visits with hospice agencies include review of the medical plan of care on individualized patients as well as detailed review of medical documentation in assessing compliance according to state and federal regulations. The state surveyor accompanies the hospice team on home visits and nursing facility visits to interview patients and families regarding the quality of care being provided. The surveyor also participates in the Interdisciplinary team meeting which occurs weekly as a collaborative team approach to meet the physical, social, spiritual and emotional needs of each hospice patient. The patients and families are invited to attend and participate in these weekly meeting as an effort to individualize the plan of care according to the patient's wishes, preferences and concerns.

When the TDHS acknowledges a hospice as receiving zero deficiencies in the exit interview as a result of the completed state and federal survey, the hospice is commended on having quality and efficient coordination of care starting at the time of the referral to hospice leading to the admission for services, all in a very timely manner. The hospice team receives commendations in regards to their very compassionate nursing staff as well as to the thoroughness of the coordination of care in the nursing facilities. The interdisciplinary team is commended on the collaborative participation of all team members including the patient and family involvement in the team meetings. The hospice receives commendations in regards to the medical doctor making home visits establishing complete coordination of medical care. The hospice and chaplain are commended on the completeness, effectiveness and organization of the Bereavement Program which follows families for bereavement counseling and services for a full year after the death of the loved one.

A hospice provides a special kind of caring for Texans and champions the highest quality end of life care in our community by providing compassionate care and medical expertise in palliative

care. Hospice has a special focus to meet these needs and ensure that our community is fully aware of the benefits of hospice and palliative care services available. As our community learns more about hospice and the services provided, they are recognizing that it's the kind of quality end-of-life care they want and need.

"Dying well" has been a goal in almost every culture in human history. Hospice participates in helping Southeast Texans experience the fullness of life by helping them "die well" without the fear of unnecessary pain and anxiety.