

Living with Serious Illness

Questions & Answers

Will the pain and symptom medication I receive in hospice prevent me from talking, hearing, or knowing what is happening?

The goal of managing pain is not to reduce consciousness. The goal is to relieve pain and suffering. The hospice team with your physician will provide the lowest amount of medication to reduce pain and also to reduce the possibility of sedation. Usually after the first few days of pain medication the effect of drowsiness ends.

Are pain medications addictive?

There is no risk of addiction when pain medication is used for real pain. The goal of pain medications is to enable the individual to be pain free and function to the best of his or her ability, despite the illness.

Is hospice only for cancer patients?

About 60 percent of hospice patients are cancer patients, but an increasing number of patients with other illnesses receive hospice care – for example, Alzheimer's or dementia, ALS, heart disease, lung disease, AIDS, stroke/coma, kidney disease and liver disease.

How difficult is caring for a dying loved one at home?

Living and dying with serious illness is challenging. Each individual and family will have their own experience, which may include difficult decisions and situations. Hospice is one of the available systems of care to help you get the support you need. Hospice support is the best care available to help you face the day-to-day challenges when a loved one is dying.

Is there any special equipment or changes I have to make in my home before hospice care begins?

The hospice team will assess the situation at the first visit and at every visit thereafter and will recommend equipment and other services to support you. Hospice will assist in any way it can to make home care as convenient and safe as possible.

How many family members or friends does it take to care for a patient at home?

There is no set number. One of the first things a hospice team will do is to prepare an individualized care plan that will, among other things, address the amount of care giving needed in your situation. Hospice staff visits regularly and are always accessible to answer medical questions and provide support. Hospice volunteers are usually available to assist with errands and to provide an occasional break to family caregivers.

What happens if I have signed up for hospice and can no longer be cared for at home?

Sometimes this happens despite the best efforts of both hospice and the patient's family. All of Westchester's hospice programs have contacts with inpatient units in local hospitals and nursing homes that are available for increased care needs or caregiver respite. Depending on the situation, transfer may also be arranged to a residential hospice facility in the area.

Must someone be with the patient at all times?

No two situations are the same and the amount of care a person needs is not always predictable. Hospice can help guide you on what amount of supervision or direct care is needed to best support the individual who is dying. Volunteers, home health aides and family come together with the help of hospice.

At the time of active dying, when the hospice team knows there are days or hours left to live, some of Westchester's hospices have specially trained volunteers who are available to come into the home and sit vigil with the patient in the last days of life. This is helpful at times when the family members cannot always be at the patient's bedside. The plan of care will be adjusted with the changing needs of the individual and family.

Does hospice provide 24-hour continuous nursing care in the home?

Hospice is primarily family based care with support options for home health aides. However, there are situations when more care is required based on the medical needs of the individual. Hospice may offer continuous care services, usually with a nurse for several hours at a time based on the medical needs. If the needs extend beyond what hospice can provide in the home an alternate plan and location of care will be offered.

What is the difference between palliative care and hospice?

Palliative care is appropriate for all individuals diagnosed with a serious illness from the time of diagnosis and regardless of prognosis. It can be offered at the same time as curative treatment. It is an extra layer of support that addresses pain and symptom management. Your palliative care team helps you understand your options for medical care and your need for advance care planning, and can identify resources to help you be successful with your care and treatments.

Hospice focuses on providing care for patients who are at the end-of-life and are no longer receiving curative treatment.