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*End of Life Care – Useful Terms*

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<b>Hospice</b>	Hospice offers medical care toward a different goal: maintaining or improving quality of life for someone whose illness, disease or condition is unlikely to be cured. Each patient’s individualized care plan is updated as needed to address the physical, emotional and spiritual pain that often accompanies terminal illness. Hospice care also offers practical support for the caregiver(s) during the illness and grief support after the death. Hospice is something more that is available to the patient and the entire family when curative measures have been exhausted and life prognosis is six months or less.
<b>Advance Directive</b>	Legal documents that allow you to spell out your decisions about end-of-life care ahead of time, including a living will and durable power of attorney for health care. Each state’s advance directive varies. In NJ, you do not need a lawyer to complete an advance directive. If you choose to get your advance directive notarized, you don’t need additional witnesses; if you choose not to get your advance directive notarized, you must sign and date it in front of two adult witnesses who must also sign and date the document. The form can be updated and/or cancelled at any time.  An advance directive give you a way to tell your wishes to family, friends, and health care professionals and to avoid confusion later on if you become unable to make decisions yourself.
<b>Living Will (Instructive Directive)</b>	A living will is a written, legal document that spells out medical treatments you would and would not want to be used to keep you alive, as well as other decisions such as pain management or organ donation. Have conversations with your primary care doctor, family, friends, and anyone you feel comfortable with to determine your personal wishes regarding these issues.
<b>Durable Power of Attorney for Health Care (DPA)</b>	A type of advance directive in which you name a person to make decisions for you when you are unable to do so. In NJ, this is also called a health care proxy directive.
<b>Do Not Resuscitate Order (DNR)</b>	A request not to have CPR if your heart stops or if you stop breathing. You do not have to have an advance directive or living will to have a DNR order—you can make your preferences known to your physician, who can write this order and include it in your medical record.
<b>Artificial Nutrition and Hydration</b>	Supplements or replaces ordinary eating and drinking by giving nutrients and fluids through a tube placed directly into the stomach, intestine, or a vein.
<b>Intubation</b>	The insertion of a tube through the mouth or nose into the trachea (windpipe) to create and maintain an open airway to assist breathing
<b>Mechanical Ventilation</b>	Used to support or replace the function of the lungs. A machine called a ventilator (or respirator) forces air into the lungs and is attached to a tube inserted in the nose or mouth and down into the windpipe (or trachea).
<b>Physician order for life-sustaining treatment (POLST)</b>	A POLST is filled out by your physician based on the contents of your directives, discussions with your doctor, and you treatment preferences. POLST forms are intended for people who have already been diagnosed with serious illness, so even if you have one before, it is important to speak with your physician regularly and update your POLST form as your preferences change as you age. The POLST serves as doctor-ordered instructions—not unlike a prescription—to ensure that, in case of an emergency, you receive the treatment you prefer. A POLST travels with you, at whatever facility you are being cared for.
<b>Palliative Care</b>	A comprehensive approach to treating serious illness that focuses on the physical, psychological and spiritual, and existential needs of the patient. Its goal is to achieve the best quality of life available to the patient by relieving suffering and controlling pain and symptoms. Palliative care may be given at any time during a patient’s illness, from diagnosis on.

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Question	Palliative Care	Hospice Care
<b>Who can receive this care?</b>	Anyone with a serious illness, regardless of life expectancy, can receive palliative care	Someone with an illness with a life expectancy measured in months not years
<b>Can I continue to receive treatments to cure my illness?</b>	You may receive palliative care and curative care at the same time	Treatments and medicines aimed at relieving symptoms are provided by hospice
<b>Does Medicare pay?</b>	Some treatments and medications may be covered	Medicare pays all charges related to hospice
<b>Does Medicaid pay?</b>	Some treatments and medications may be covered	In 47 states, Medicaid pays all charges related to hospice.
<b>Does private insurance pay?</b>	Some treatments and medications may be covered, but there generally is not a 'package' benefit for palliative care.	Most insurance plans have a hospice benefit
<b>Is this a package deal?</b>	No, there is no 'palliative care' package, the services are flexible and based on the patient's needs	Medicare and Medicaid hospice benefits are package deals
<b>How long can I receive care?</b>	This will depend upon your care needs, and the coverage you have through Medicare, Medicaid or private insurance	As long as you meet the hospice's criteria of an illness with a life expectancy of months not years
<b>What organization provides these services?</b>	<ul style="list-style-type: none"> <li>• Hospitals</li> <li>• Hospices</li> <li>• Nursing Facilities</li> <li>• Health Care Clinics</li> </ul>	<ul style="list-style-type: none"> <li>• Hospice organizations</li> <li>• Hospice programs based out of a hospital</li> <li>• Other health care organizations</li> </ul>
<b>Where are services provided?</b>	<ul style="list-style-type: none"> <li>• Home</li> <li>• Assisted living facility</li> <li>• Nursing facility</li> <li>• Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Usually, wherever the patient resides, in their home, assisted living facility, nursing facility, or hospital</li> <li>• Some hospices have facilities where people can live, like a hospice residence, or receive care for short-term reasons, such as acute pain or symptom management</li> </ul>
<b>Who provides these services?</b>	It varies. However usually there is a team including doctors, nurses, social workers and chaplains, similar to the hospice team.	A team—doctor, nurse, social worker, chaplain, volunteer, home health aide and others
<b>Do they offer expert end-of-life care?</b>	This varies, be sure to ask	Yes, staff experts in end-of-life care