



Hospice and Palliative Care

A Guide for Physicians

*We're here to help your patients
overcome a life-limiting disease.
To refer a patient to palliative care
at Baptist Medical Center South, call
(334) 451-1693. To refer a patient to
Baptist Hospice, call (334) 395-5000.*

HELP YOUR PATIENTS ADD
MORE LIFE TO EVERY DAY

THE IMPORTANCE OF
EARLY REFERRAL

STARTING THE
CONVERSATION

Help Your Patients Add More Life to Every Day

WHEN YOU REFER PATIENTS TO PALLIATIVE CARE OR HOSPICE, YOU ARE NOT GIVING UP ON THEM OR RELINQUISHING YOUR ROLE IN THEIR CARE, BUT EMPOWERING THEM TO DETERMINE HOW THEY WANT TO SPEND THE TIME THEY HAVE.

Palliative care and hospice programs emerged on the medical landscape only a few decades ago, and their relatively short history and similar philosophies — both prioritize comfort care — have led patients and physicians to form misconceptions about them.

One common misconception among doctors is that referring patients to palliative care or hospice means nothing more can be done to help them. In fact, patients and their families may enjoy a variety of physical and emotional benefits, including pain control, psychological and spiritual support, stress relief for caregivers, and the empowerment that comes with developing a care plan that promotes quality of life.

MUCH TO GAIN

Patients can receive palliative care, which typically takes place in the hospital, at any point during an illness. They also may continue curative treatment.

“Many physicians are trained in certain aspects of palliative care, such as prescribing pain medication, but palliative care involves much more than that,” said Robert Avery, MD, FACP, Medical Director at Baptist Hospice. “Our palliative care team is specially trained in symptom management for

“

With palliative care and hospice, we do not give up on patients. We care for them in a different way, with our focus on comfort.

— Robert Avery, MD,
FACP, Medical Director at
Baptist Hospice

”

complex diseases, but we also provide emotional support and coordinate care with patients’ entire healthcare teams. Hospice is appropriate for patients with a prognosis of six months or less and is usually provided at home. It is, essentially, a higher level of palliative care that takes place at end of life.”

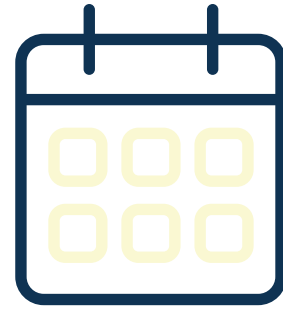
Like palliative care, hospice offers symptom management, social support and pastoral care, but it also includes necessary medical equipment for the home, assistance with activities of daily living and bereavement support for families.

COLLABORATIVE CARE

Referring individuals to palliative care or hospice does not mean they are no longer your patients. At Baptist Health, the palliative care team reports its recommendations and decisions to patients’ referring physicians and does not assume control of care. Baptist Hospice patients can choose to have their primary care physician (PCP) direct their care.

“If a patient’s PCP is taking the lead in his or her care, and our team determines the patient needs a medication or comfort care item, we would call the PCP for orders,” Dr. Avery said. “I’m always available if a referring physician needs advice or assistance.”

THE EARLIER YOU REFER PATIENTS TO PALLIATIVE CARE OR HOSPICE AT BAPTIST HEALTH, THE LONGER THEY CAN ENJOY BETTER QUALITY OF LIFE.



The Importance of *Early Referral*

Early referral to palliative care or hospice can help patients avoid hospitalizations, bring symptoms under control sooner, relieve some of the burden of care from family members, and allow more time to plan for changes in health status or make end-of-life decisions. Too often, however, referral is delayed. Palliative care can begin anytime during a disease course, but in a 2016 study, patients received palliative care a median of 38 days before death and hospice care a median of 20 days before death.

WHO IS A CANDIDATE FOR CARE?

Many factors may influence physicians' reluctance to refer to palliative care or hospice, including a fear that patients and families will be offended, the thought that referral means abandoning care or not understanding when to refer.

"Palliative care is appropriate for anyone with poorly controlled symptoms, such as chronic pain or shortness of breath, as well as individuals who have a life-changing illness or multiple recent hospital admissions," said Robert Avery, MD, FACP, Medical Director at Baptist Hospice. "Individuals may

be candidates for hospice if they have a terminal illness with a prognosis of six months or less. These kinds of conditions may affect their abilities to bathe, dress, walk or perform other activities of daily living."

THE BAPTIST HEALTH DIFFERENCE

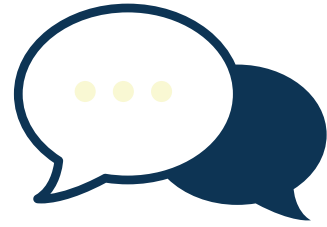
At Baptist Health, patients receive palliative care and hospice that marries medical expertise and the compassion physicians and patients expect from a faith-based organization. The palliative care and hospice programs are led by medical directors who are board-certified in their respective fields. Accredited by The Joint Commission, Baptist Hospice is central Alabama's only faith-based, not-for-profit hospice provider.

"Our team is highly trained, and we're here to serve as resources for physicians," Dr. Avery said. "If physicians have questions about whether patients are appropriate for palliative care or hospice, we're happy to meet with their patients to evaluate. Even if patients turn out to not be candidates, we can discuss options that may help them stay functional longer."

Simple and Seamless

Palliative care at Baptist Health is an inpatient service to which physicians can refer patients at any point during an illness simply by writing an order. Primarily an outpatient service, Baptist Hospice makes it easy for patients to enter care without having to leave home.

"A referring physician can contact Baptist Hospice, and we'll send a nurse to visit the patient at home," said Robert Avery, MD, FACP, Medical Director at Baptist Hospice. "Patients appreciate that, because they may think they need to go to their physician's office to initiate hospice, but all we need is a physician's order."



Starting the Conversation

THESE TIPS CAN HELP PROVIDERS BEGIN THE DISCUSSION OF HOSPICE CARE WITH PATIENTS AND THEIR FAMILIES.

Generally, the best time to bring up the subject of end-of-life care with patients and their families is when treatment is no longer effective. Here are some ways to have that conversation in an honest, compassionate way.

- 1 Choose a quiet time and place.** Have the discussion in a private place with few distractions, where everyone can feel comfortable. Turn off your pager and cell phone to minimize interruptions.
- 2 Let patients speak first.** Ask them what they know about their diagnosis and listen to their understanding of the condition. Ask, “What do you know about hospice, and what are your fears?”
- 3 Address your concerns head-on.** “As hard as this discussion is, you have to be honest with patients,” said Melissa Cobb, RN, Admission Nurse at Baptist Hospice. “Explain that treatment is no longer beneficial, and you need to shift focus.”
- 4 Concentrate on comfort.** Explain to patients that hospice care will focus on treating symptoms, such as pain and respiratory distress, to keep them comfortable and help them enjoy the final stages of life.
- 5 Know your patient’s goals.** Discuss goals with patients and their families to understand their expectations and wishes. Work with them to see that their goals are met as closely as possible.
“If a patient says he or she doesn’t wish to be moved to hospice, it is best to honor that,” Cobb said. “If necessary, refer the patient to home health instead.”
- 6 Be honest.** “The best thing you can do for patients and their families is be upfront with them,” Cobb said. “Don’t give them false hope, and help them understand the goal is to help patients make the rest of their lives comfortable.”

Discussing Hospice Care With Families

Some physicians consider discussions with a patient’s family about hospice among the most difficult conversations they have. Timing the conversation appropriately — when a patient begins to show signs of needing hospice care — can make it easier on all involved, recommends Melissa Cobb, RN, Admission Nurse at Baptist Hospice.

“Ask yourself if the patient’s treatment is making a difference,” she said. “If the patient is going to the ER frequently or requires increased transfusions or fluids, it may be time to discuss hospice care. Start the discussion as close to the patient’s six-month prognosis as possible to give everyone time to think about their decisions.”

While a patient is in hospice care, Cobb recommends holding family meetings to keep loved ones abreast of the patient’s condition and what to expect as care continues.