

What You Should Know About Hospice

by Paul Arco

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Dr. Sarah Whelan, medical director for OSF Hospice and Outpatient Palliative Care in Rockford, today provided some keen insight into hospice care.

Former President Jimmy Carter made news recently when it was announced that he was going to receive hospice care at home for the remainder of his life, instead of receiving any additional medical intervention. The oldest-living former U.S. president has dealt with several health issues in recent years. By opting for hospice care, the goal now is to make Mr. Carter as comfortable as possible with the time he has left.

“Hospice care is specialized medical care in those later stages of life,” says Dr. Whelan said. “When you are thought to have a prognosis of six months or less, and it's where the focus of your medical care shifts from disease curing or possibly life-prolonging treatments to comfort-based treatment or quality of life treatment, getting you to enjoy those last days you have at home, doing the things that you enjoy doing.”

Hospice was started in England in 1967 by a physician, Dame Cecily Saunders, who worked on reducing pain that cancer patients experienced at the end of life. In the U.S. hospice care became available in the mid-1970s, and thanks to lobbying and public education, hospice became a paid Medicare benefit in 1982.

According to the National Care Planning Council, there are about 3,200 hospice programs in the U.S. that serve one million Americans a year during their final days and months.

Dr. Whelan says some people can live a long time on hospice care as long as they continue to qualify. In fact, according to some research, there's evidence that hospice care can minimally prolong life for a few weeks to a month.

“I think hospice care is extra patient-focused. You know in health care we're always patient-focused and we focus on what the patient wants in their goals, but I feel like in hospice care, we take it an extra step. We really find out what you want, what are your goals, what's bothering you, and that can be anything from medical to emotional and mental or spiritual, and we try to address all of those issues.”

There are many myths about hospice, including:

- Hospice is a place: In fact, it's care that can be provided anywhere for the patient
- Hospice care is only provided by a nurse: There's an entire care team including a medical director, a physician, social workers, chaplains and a bereavement coordinator.
- Hospice is about giving up or hastening one's death

“There are a lot of misperceptions about hospice care,” says Dr. Whelan. “I would say the first one is that people feel like hospice care is giving up or it's betraying their loved one. And I think that this comes down to maybe at the risk of sounding morbid people don't want to face their own mortality. We all want to live – we think we're going live forever. And we're going to live and then just die. But there's actually a process in that phase of life. And hospice care can really help with people identifying when that point comes.”

Finding the right hospice program for you or your loved one may seem daunting, but it doesn't have to be. Dr. Whelan says to ask for referrals, don't be afraid to ask questions about the services such as pain management, and make sure you are totally comfortable with your decision.

Hospice is covered by private insurance, Medicare, and Medicaid. Dr. Whelan adds that the cost should not be a concern for any patient or family.

While hospice won't change the eventual outcome, the ultimate goal is to offer much-needed support to the patient and loved ones during those crucial last days or weeks.

"Hospice is just an amazing way for us to help people really write that last chapter of their life," says Dr. Whelan. "Nobody really knows what chronic illnesses are going to come up in their life. What diseases they are going to face. But when those challenges do come, we want to be there to help people work through the emotions of it, the process of dealing with your own mortality and how to get beyond that so that you can live until you do die. We want that end of their life to be as meaningful as it can for patients. And that's our goal."

For more information on hospice, visit [OSF HealthCare](#).