

Hospice at Home



Dying is Inevitable, Suffering is Optional

**How To Be With A Person Who Is Dying:
The Gift of Hospice**

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How To Be With A Person Who Is Dying: The Gift of Hospice

When a loved one goes into hospice it is a once in a lifetime event. You can gain a great deal from the experience by knowing how to interact with them at the various stages of their process, and knowing how to respond to others who may or may not understand the hospice approach. If you are prepared, you will find unique opportunities for caring and closure as your loved one nears transition.

When someone goes into hospice care, the medical community has determined they are in the end stages of their life. From the medical perspective, the patient is not responding to treatment and they most likely have less than six months to live. By choosing hospice, the focus changes from fighting the disease to creating the best quality of life for the patient by managing their symptoms in their remaining time. The technical term for this is palliative care.

The aim of palliative care is twofold: 1) To cut down on the emergency room visits and hospitalizations, because the patient is not going to benefit from that, and 2) To begin to transition them into the philosophy of hospice.

Sometimes families think that hospice is going to take care of everything with the patient so they have no responsibility. That is not the way in-home hospice--the most prevalent form of hospice care in the US today--works. Home hospice provides an abundance of service, however the hour-to-hour care needs to be provided by someone else. That is usually the family or friends, or, if you can afford it, a hired care giver. With in-home hospice you do have 24 hour access to assistance, but hospice staff is not going to be with your patient 24 hours a day.

Once Hospice Care Begins

What you can expect once a patient starts hospice care is that they are likely to start feeling better. They will no longer have to deal with unpleasant or distressing side effects of often harsh medications, and the distressing symptoms of their illness will be addressed and alleviated.

When I first saw Patient P, he was bed-bound and totally out of it. I didn't think he had much time left. He was lethargic, weak, though still arousable, and he was confused. He had no appetite and he was not able to assist with his care. He had a history of cancer, but that's really not why he was on hospice. He also had diabetes, vascular disease, and heart disease. In all kindness, he was a mess.