

## KEY DEFINITIONS

**PALLIATIVE MEDICINE** – is a specialty branch of evidence-based medicine that focuses on symptom management, pain control and patient comfort. Palliative medicine emphasizes *quality* of life rather than *quantity* of life. Hospice palliative care services provides for all medical and nursing needs for patients and their families.

**HOSPICE CARE** – Is a team approach to end of life care that provides palliative medical care, nursing care, spiritual care and other support services to those with a life-limiting illness and their families. Hospice care does not focus on curing the life-limiting illness. This care is provided in the home, in a nursing facility, or in a community-based hospice location.

**ADVANCE DIRECTIVES** – legal documents in which people give instructions about the type of treatment they wish to receive if they are unable to make decisions for themselves. There are two common forms of advance directives:

- A *living will* is a prepared statement that lists your choices for medical care at the end of life.
- A *durable power of attorney for health care (DPOA-HC)* names another person, called a surrogate, who will make decisions on your behalf if you are unable to make decisions yourself. A DPOA for health care does not empower your surrogate to manage your financial affairs.

**COSTS** – All Medicaid and Medicare Part A plans have a hospice benefit that will pay for physician services, nursing services, physical, occupational, and speech therapy, medical social services, home health aide and homemaker services, counseling services for the patient and family, short-term inpatient care, respite care, prescription drugs (only those related to the life-limiting illness) and medical appliances and supplies. Medicaid also pays for room and board. Medicare pays for hospice service only – not for room and board.

Most private insurance providers include a hospice benefit. Check with your individual provider.