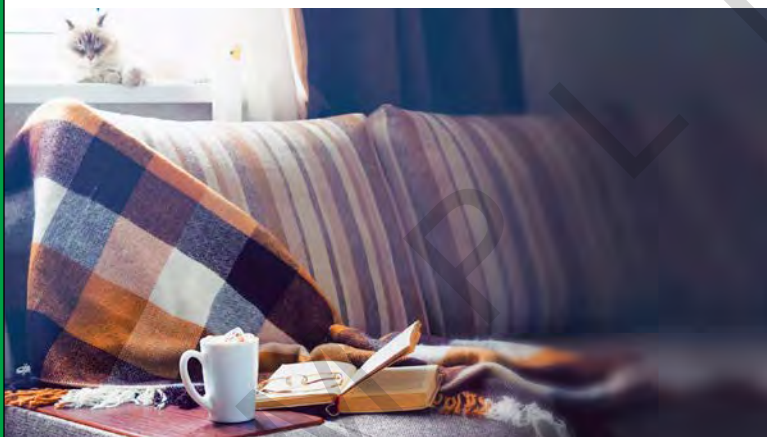


# What Is Palliative Care?



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# Introduction

When you or a loved one is seriously ill, it changes all parts of your life. You might feel powerless or alone. It may be hard for you to enjoy life. Where do you turn? Palliative care can help.

**Palliative (pal-ee-uh-tiv) care is care that is focused on comfort and compassion.** It is care that meets the special needs of each person. “To palliate” means to relieve. Palliative care helps relieve the symptoms of disease.

Understanding palliative care can lead to better decisions about the care you choose. It can show you how to manage pain and other symptoms. We hope this booklet will help you understand more about this kind of care. When pain is under control, you can focus again on what’s most important to you.

May hope and comfort surround you  
today and every day.

# The Palliative Care Team

Palliative care treats the *whole* person — physically, socially, spiritually, and emotionally. The care team doesn't just manage pain. It shows patients how to best cope with the illness. The team also offers counseling and family support.

Palliative care is provided by a core group of experts. Most teams have therapists, pharmacists, nutritionists, and other specialists as needed. Team members are:

- **Patients and Families.** Patients and families are the focus of the care team. Care plans are based on patients' needs and wishes. The care team also talks routinely with patients and families. This ensures that care is in line with the goals that were set.
- **Doctors and NPs (nurse practitioners).** These clinicians are trained in comfort care. They work with patients and the patients' doctors to guide the plan of care.
- **Nurses.** Palliative care nurses are also trained in comfort care. They work closely with the patient and family. They watch vital signs and manage medicines.
- **Social Workers.** Social workers guide patients through practical matters. They help with confusing forms. This could be insurance forms or other legal forms. They arrange for emotional or other support when it is needed.
- **Chaplains.** Chaplains give emotional support during hard times. Support is based on the patient's values. Chaplains are there to listen without judgment. They can guide important talks about hope and spiritual growth.

# How Palliative Care Works

Below is an outline of the process. Your situation may differ. **There is space at the back of this booklet for notes and questions. Keep this booklet handy when you contact us.**

1. Referral. You or a loved one is suffering from a serious illness. You can no longer handle the symptoms on your own. **You, your doctor, or a loved one can suggest palliative care.** The sooner the referral, the more services will help.

Some people confuse palliative care with hospice care. They think palliative care is only given to patients who are dying. This may make some people wary about asking for services.

**Palliative care is *not* hospice care.** Both have the same kind of pain relief and comfort care services. Both use a team of experts. **But palliative care can be given at any stage of a disease.** Hospice care is only for patients with six months or less to live.

2. Eligibility. **Palliative care is for anyone who is seriously ill. It's care that can be given at any age and at any stage of a disease. It also can be given along with curative treatment.** Ask your doctor or care team if this kind of care is right for you or your loved one.

3. Payment. **Some insurance plans cover all or part of palliative care. Medicare and Medicaid may also cover costs.** It's just like other hospital and health care services. Talk to the care team if you are worried about costs. A social worker or billing staff member can help you with payment options.

4. The Care Plan. The next step is making a care plan. The care team will set a meeting to decide what the patient needs. **Care is chosen based on the patient's values and beliefs. The care plan changes with the patient's needs.**

The care plan is designed to lessen physical signs of the disease. Pain, upset stomach, dizziness, lack of appetite, or exhaustion are eased with medicines and therapy. The care plan also helps ease stress about emotional or social worries.

When building the plan, the care team will help you to:

- **Know as much about your illness as you can.** It's good to understand all of your options. Ask the care team if you have any questions about the disease or treatments.
- **Think about what "quality of life" means to you.** What do you enjoy doing? What do you most value?
- **Think about your beliefs.** Do you have cultural or spiritual beliefs that may affect care decisions?
- **Think about what kind of care you want.** Is curing the disease your main goal? Or is comfort the main goal? What curative care do you want? Do you want emergency care (such as CPR or tube feeding)?

5. Delivering Care. **Most palliative care teams work within hospitals or health care systems.** Some are stand-alone programs that partner with a hospice. Others provide care in a clinic or doctor's office. Sometimes, the care team may go to where the patient lives.

The care team orders medications and therapies. The team then trains patients and caregivers. Instructions are given on how medications should be taken. Patients are also shown other ways to control symptoms. For example, the care team might suggest simple exercises or a change in diet.

6. Making the Plan Work. The team follows up to make sure the care plan is working. Changes are made and other support is given when needed.

**Palliative care is given on an as-needed basis.** Some patients might get better and stop care after one or two visits. Some patients need care over long periods of time. Routine check-ups are set for patients needing ongoing care. Changes in the care plan are always discussed with the patient and family.

**If you're suffering from a serious illness,  
contact us for support. We are here for you.**





Questions and Notes:

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