Mini Review Open Acces

# Palliative Care and Hospice Care Share the Common Goal of Enhancing the Quality of Life for Individuals with Severe Illnesses

#### **Crank Denis\***

Pain-Palliative-Support Care and Ethics, Therapeutic Laboratory, University Hospital, Nantes, France

#### **Abstract**

While both palliative care and hospice care aim to improve the quality of life for patients with serious illnesses, palliative care can be provided at any stage of an illness and is focused on addressing the physical, emotional, and spiritual needs of the patient and their family. Hospice care, on the other hand, is focused on providing comfort and support to patients who are in the last stages of a terminal illness and is typically provided when curative treatment is no longer effective.

**Keywords:** Palliative care; Quality of life; Hospice care; Terminal illness; Patients

#### Introduction

Palliative care and hospice care are both types of medical care that aim to improve the quality of life for patients with serious illnesses. A sort of specialised medical care called palliative care is geared on easing the symptoms and stress associated with a life-threatening illness. By addressing physical, emotional, and spiritual needs, palliative care aims to enhance the quality of life for both the patient and their family. Palliative care can be provided at any stage of an illness, regardless of whether the patient is still receiving curative treatment. A group of medical experts, such as physicians, nurses, social workers, and chaplains, may offer palliative care. Hospice care, on the other hand, is a type of specialized medical care that is focused on providing comfort and support to patients who are in the last stages of a terminal illness. The goal of hospice care is to improve the quality of life for patients and their families by managing pain and other symptoms and providing emotional and spiritual support. Hospice care is typically provided when curative treatment is no longer effective or when the patient has chosen to stop pursuing curative treatment. Hospice care can be given at a hospice centre but is frequently given to patients in their homes.

### Palliative care

Palliative care is a patient-centered approach to care for individuals with serious illnesses. It aims to alleviate symptoms, provide emotional and spiritual support, and enhance quality of life for patients and their families (National Institute on Aging, 2021) [1]. Palliative care has been shown to have numerous benefits for patients and families. Studies have found that palliative care improves symptom management, quality of life, and patient satisfaction. Additionally, palliative care has been shown to reduce hospitalizations, emergency department visits, and healthcare costs (National Hospice and Palliative Care Organization, 2021) [2]. In palliative care, communication is essential. Effective communication between patients, families, and healthcare providers can improve patient outcomes and satisfaction. Palliative care providers often use communication strategies such as active listening, empathy, and openended questions to facilitate discussions about prognosis, treatment options, and end-of-life care (American Academy of Hospice and Palliative Medicine, 2021) [3]. Palliative care is particularly important in end-of-life care. It helps patients and families prepare for death and provides support during the dying process. Studies have found that patients who receive palliative care are less likely to die in the hospital and more likely to die at home or in hospice care. Additionally, palliative care has been shown to improve bereavement outcomes

for families (National Hospice and Palliative Care Organization, 2021) [4]. Healthcare providers who provide palliative care require specialized training and education. Palliative care providers need to have a comprehensive understanding of symptom management, communication strategies, and end-of-life care. Organizations such as the American Academy of Hospice and Palliative Medicine and the National Hospice and Palliative Care Organization offer resources and training programs for healthcare providers (American Academy of Hospice and Palliative Medicine, 2021; National Hospice and Palliative Care Organization, 2021) [5,6]. Access to palliative care is a significant issue. Many patients do not have access to palliative care services, particularly in rural areas and underserved communities. Additionally, palliative care is often underutilized or provided too late in the disease process. Efforts to improve access to palliative care include increasing education and training for healthcare providers, expanding telehealth options, and increasing public awareness of the benefits of palliative care (National Hospice and Palliative Care Organization, 2021). Overall, the literature highlights the importance of palliative care in improving patient outcomes and quality of life for individuals with serious illnesses. Effective communication, specialized training and education for healthcare providers, and increased access to palliative care services are all critical components of providing high-quality palliative care.

Palliative care includes a wide range of services and interventions aimed at relieving the symptoms and stress associated with serious illnesses [7]. These services are provided by a team of healthcare professionals who work together to address the physical, emotional, social, and spiritual needs of patients and their families. Some of the key components of palliative care include:

Pain and symptom management: Palliative care providers are

\*Corresponding author: Crank Denis, Pain-Palliative-Support Care and Ethics, Therapeutic Laboratory, University Hospital, Nantes, France, E-mail: crank\_den@hotmail.com

Received: 27-Mar-2023, Manuscript No. jpcm-23-96172; Editor assigned: 29-Mar-2023, PreQC No. jpcm-23-96172(PQ); Reviewed: 12-Apr-2023, QC No. jpcm-23-96172; Revised: 17-Apr-2023, Manuscript No. jpcm-23-96172(R); Published: 24-Apr-2023, DOI: 10.4172/2165-7386.1000515

**Citation:** Denis C (2023) Palliative Care and Hospice Care Share the Common Goal of Enhancing the Quality of Life for Individuals with Severe Illnesses. J Palliat Care Med 13: 515.

Copyright: © 2023 Denis C. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

skilled in managing pain and other symptoms that can be associated with serious illnesses. They work with patients to develop personalized plans for managing pain and other symptoms, such as fatigue, nausea, and shortness of breath.

**Emotional and psychological support:** Palliative care providers also offer emotional and psychological support to patients and families. This may include counseling, therapy, and support groups to help patients and families cope with the challenges of a serious illness.

**Spiritual support:** Palliative care providers also recognize the importance of spiritual and religious beliefs in providing comfort and support to patients and families. They may offer spiritual support, such as chaplaincy services or access to religious leaders, to help patients and families find meaning and comfort during difficult times.

**Care coordination:** Palliative care providers work closely with other healthcare providers involved in a patient's care to ensure that all aspects of their care are well-coordinated and integrated. This may include working with specialists, home health agencies, and other healthcare providers to ensure that patients receive the care they need.

Advance care planning: Palliative care providers also help patients and families with advance care planning, which involves discussing and documenting the patient's goals and preferences for end-of-life care. This can help ensure that the patient's wishes are respected and followed [8-11].

#### Hospice

Hospice is a type of end-of-life care that focuses on comfort, support, and quality of life for patients with advanced illnesses. The goal of hospice is to provide comprehensive support to patients and their families during the dying process. Hospice care is available to patients of all ages, and it is covered by most insurance plans, including Medicare and Medicaid. Hospice provides a wide range of services to patients and families, including symptom management, emotional and spiritual support, assistance with daily activities, and bereavement counseling. Hospice teams typically include physicians, nurses, social workers, chaplains, and volunteers. Studies have found that hospice patients are less likely to die in the hospital and more likely to die at home or in a hospice facility. Additionally, hospice has been shown to improve pain management and reduce hospitalizations and healthcare costs. Hospice care places a strong emphasis on family involvement and support. Family members are encouraged to participate in the care of the patient and are provided with counseling and support services throughout the dying process and beyond. Hospice also provides bereavement services to family members after the patient's death. Hospice care faces several challenges, including limited access to services in some areas, difficulty in predicting life expectancy, and cultural and religious barriers to end-of-life care. Efforts to address these challenges include expanding access to hospice care, improving education and training for healthcare providers, and increasing public awareness of the benefits of hospice care. Overall, hospice care is a valuable and compassionate approach to end-of-life care that provides comprehensive support to patients and families during the dying process. Hospice has been shown to improve the quality of life for patients and families and reduce healthcare costs, but challenges remain in expanding access to services and improving cultural competency.

Hospice is a specialized form of care designed to provide comfort and support to patients with life-limiting illnesses and their families. Hospice care includes a range of services aimed at addressing the physical, emotional, social, and spiritual needs of patients and their loved ones. Some of the key components of hospice care include:

Pain and symptom management: Hospice providers are skilled in managing pain and other symptoms associated with serious illnesses. They work with patients to develop personalized plans for managing pain and other symptoms, such as nausea, constipation, and shortness of breath

**Skilled nursing care:** Hospice providers offer skilled nursing care to patients who require frequent monitoring and assessment of their medical needs. This may include wound care, medication management, and other treatments.

**Home health aide services:** Hospice providers may also offer home health aide services to help patients with personal care needs, such as bathing, dressing, and grooming.

**Emotional and spiritual support:** Hospice providers recognize the importance of emotional and spiritual support for patients and their families. They offer counseling, therapy, and support groups to help patients and families cope with the challenges of a life-limiting illness.

**Respite care:** Hospice providers also offer respite care to give family caregivers a break from their caregiving responsibilities. This may involve temporary placement of the patient in a hospital or other facility.

**Bereavement support:** Hospice providers offer bereavement support to families following the death of a loved one. This may include counseling, support groups, and other services to help families navigate the grief and loss process [12-15].

## Conclusion

Palliative care is a comprehensive approach to care that focuses on improving the quality of life for patients with serious illnesses and their families. It addresses the physical, emotional, social, and spiritual needs of patients and provides support throughout the course of their illness. Hospice is a comprehensive approach to care that focuses on providing comfort, dignity, and support to patients with life-limiting illnesses and their families. Hospice care is designed to help patients live as fully and comfortably as possible, while also supporting their families through the end-of-life process.

### Acknowledgement

Not applicable.

## **Conflict of Interest**

Author declares no conflict of interest.

#### References

- Temel JS, Greer JA, Muzikansky A, Gallagher ER, Admane S, et al. (2010) Early palliative care for patients with metastatic non-small-cell lung cancer. N Engl J Med 363:733-742.
- KE Steinhauser, EC Clipp, M McNeilly, Christakis NA, McIntyre LM, et al. (2000) In search of a good death: observations of patients, families, and providers. Ann Intern Med 132:825-832.
- Bailey ME, Moran S, Graham MM (2009) Creating a spiritual tapestry: nurses' experiences of delivering spiritual care to patients in an Irish hospice. Int J Palliat Nurs 15:42-48.
- Boston P, Bruce A, Schreiber R (2011) Schreiber Existential suffering in the palliative care setting: an integrated literature review. J Pain Symptom Manage 41:604-618.
- Singh L, Kumar A, Choudhary A, Singh G (2018) Asparagus racemosus: The plant with immense medicinal potential. J Pharmacogn Phytochem 7:2199-2203.

- Singla R, Juanita V (2014) Shatavari (Asparagus Racemosus Wild): A Review on Its Cultivation, Morphology, Phytochemistry And Pharmacological Importance. Int J Pharm Life Sci 5:3.
- Palanisamy N, Manian S (2012) Protective effects of Asparagus racemosus on oxidative damage in isoniazid-induced hepatotoxic rats: an in vivo study. Toxicol Ind Health 289:238-244.
- 8. Kinage P, Chaudhari D (2016) Shatavari: One solution for various health issues a review. World J Pharm and Pharmac Sci 5:1105-14.
- 9. Thakur S, Sharma DR (2015) Review on medicinal plant: Asparagus adscendens Roxb. Int J Pharma Sci and Health Care 3:82-97.
- Jacobsen R, Sjogren P, Moldrup C, Christrup L (2007) Physician-related barriers to cancer pain management with opioid analgesics: a systematic review. J Opioid Manag 3:207-214.
- 11. Fredheim OM, Skurtveit S, Sjogren P, Aljabri B, Hjellvik V (2021) Prescriptions

- of analgesics during chronic cancer disease trajectories: A complete national cohort study. Pharmacoepidemiol Drug Saf 30: 1504-1513.
- Knaul FM, Farmer PE, Krakauer EL, De Lima L, Bhadelia A, et al. (2018) Alleviating the access abyss in palliative care and pain relief-an imperative of universal health coverage: the Lancet Commission report. Lancet 391:1391-1454.
- Chochinov H, Cann B (2005) Interventions to enhance the spiritual aspects of dying. J Palliat Med 8:103-115.
- Chochinov HM, Hack T, Hassard T, Kristjanson LJ, McClement S, et al. (2005) Dignity therapy: a novel psychotherapeutic intervention for patients near the end of life. J Clin Oncol 23:520-525.
- 15. Wenrich MD, Curtis R, Ambrozy DA, Carline JD, Shannon SE, et al. (2003) Dying Patients' Need for Emotional Support and Personalized Care from Physicians: Perspectives of Patients with Terminal Illness, Families, and Health Care. J Pain Symptom Manag 25:236-246.

J Palliat Care Med, an open access journal ISSN: 2165-7386