Palliative care? Hospice care?

When a physician feels that a patient is not benefitting from aggressive care or perhaps is enduring procedures that are only prolonging his/her dying, the doctor may suggest considering palliative or hospice care. Sometimes patients confuse these two options, but they are not the same.

For both palliative care and hospice care, the main focus is care. Giving compassionate care to a seriously ill patient and his/her family by easing the patient’s discomfort and supporting the family are very important at this time in a person’s life.

**Palliative care** focuses on improving overall quality of life for patients and families facing serious illness. The emphasis is on intensive communication, pain and symptom management and coordination of care. **Palliative care can be provided at the same time as curative treatment.**

**Hospice** always provides palliative care, but **hospice focuses on those terminally ill patients who no longer seek treatments to cure them.** Today hospice often takes place in one’s home. Those treating the patient go to the patient’s home, allowing him/her to experience the comfort and familiarity of his/her surroundings. But if there are new advances in treatment or a patient decides to pursue therapy, hospice can be suspended.

Instead of making the time remaining in one’s life seem shorter, hospice can make it more valuable. Without the interruption and discomfort of ongoing medical procedures, there is opportunity for important and healing conversations to be held. There is time to ask forgiveness and to give forgiveness. There is time to say, “Thank you.” There is time to say, “I love you.”

**Prayer:** Teach me, my God, to offer care and healing to those I love – not just in crises but each and every day. Amen.

**Resources:** Advocate Home Health and Hospice – advocatehealth.com/achospice • National Hospice and Palliative Care Organization – nhpco.org • New POLST form for advance directives – www.idph.state.il.us/public/books/dnrform.pdf

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**Practical Guide to the Affordable Care Act**

**Key aspects to keep in mind**

Enrollment for health insurance under the new Affordable Care Act (ACA or ObamaCare) began Oct. 1. With any new initiative, there is a lot to learn, and it can be confusing. Here are key things to know:

- **If you already have health insurance through your workplace or if you have Medicare, Medicaid or AllKids, you do not need to do anything.** Your coverage will continue with expanded benefits.
  - All policies will now have to cover these services: Ambulatory patient services • Emergency services • Hospitalization • Prescription drugs • Laboratory services • Rehabilitative and habilitative services and devices • Preventive and wellness services and chronic disease management • Pediatric services, including oral and vision care • Maternity and newborn care (care before and after a baby is born) • Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
  - Insurance companies cannot deny coverage or charge more because of a pre-existing condition.
  - A parent can insure a child until he/she is 26 years old.
- **If you do not currently have health insurance, you must enroll in a plan or pay a fine.** Health insurance plans are being offered through a Health Insurance Marketplace, a one-stop shop to help find a plan that fits your budget and meets your needs. With one application, you can see all your options and enroll.
  - You may have heard about problems with signing up. We in Illinois have our own website to get information and enroll: GetCoveredIllinois.gov. It is reliable and easy to use. Here you can even find a person to talk with you person-to-person and walk you through enrollment. Simply phone 866.311.1119. You can also find information at HealthCare.gov and (in Spanish) CuidadoDeSalud.gov.

**December focus: resources to help you**

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