



Embracing Our Dying

A Project of the California Catholic Conference

General Information about Hospice

How to find Hospice services?

Ask for a recommendation from the physician, the insurance provider—or Medicare, and friends and family who have used a local hospice. Ask hospices under consideration to provide an “informational visit” in order to ask questions and compare services. To find a hospice in your area, go the webpage of the [California Hospice & Palliative Care Association](#).

Questions to ask about Hospice services and programs:

- ▶ After-hours support and speedy response
- ▶ Physicians available for home visits
- ▶ Trained volunteers and or professionals to lead groups, programs and/or activities
- ▶ Frequent nursing visits
- ▶ Services for children as patients
- ▶ Resources to help talk to family including young children
- ▶ Complimentary programs such as massage, aromatherapy, reiki, healing touch, pet therapy
- ▶ Bereavement help including calls, visits, groups and/or referrals

When to consider Hospice?

When the doctor announces that all curative and or life prolonging treatments have been exhausted and that a change in goals for care and treatment is in order—this is an indicator to consider the support of hospice care. The physician can provide information about how pain will be managed, what can be expected and what should happen next.

How to talk about the possibility of Hospice with family and/or loved ones:

There are many key people involved in planning for patients’ needs, explaining options, and helping to understand particular situations. The attending physician may be willing to have the spouse and/or

immediate family members come in to discuss the patient’s care and needs. In addition, the hospice may have a social worker who can meet with the patient and family to do this as well or—depending on care setting—there may be a team who can conference with the family.

What about pain relief?

California has laws that require the continuing education of physicians in pain management so that they can better care for people facing end stage disease management and in disease treatment. There are safe medications that can be properly administered and closely monitored—especially when the patient is receiving hospice services at home. Patients can set a goal for acceptable level of pain (0-10 scale used) and medical providers can find the balance between comfort and wakefulness.

Occasionally as a disease progresses and consciousness fades, the person sleeps more—not as a result of pain medication. Even using strong medicine can be safe and easy. Hospice does not endorse the hastening of death in any intentional fashion—an important discussion to have in order to be reassured of this basic value.

It is important that the patient has an [advanced health care directive, and/or durable power of attorney](#) completed.

Catholics being cared for by a hospice

Patients have the right and for many, the need of Catholic clergy for prayer, sacramental support, and funeral planning. The hospice team can either arrange for a Catholic chaplain to visit the patient or they can work with the patient to contact or reconnect with a parish—for their support.