



Physician to Physician: Hospice Care is also for Caregivers and Families

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Hospice is widely recognized for providing high quality care for the patient approaching end-of-life, but it is also more than that. Unique among Medicare benefits, the regulations governing hospice specify the unit of care to be both the patient and the family. Today, holistic person-centered care is increasingly being recognized as beneficial across the entire care continuum. It emphasizes the importance of the person's entire environment and living conditions, including their family and caregivers. This hospice requirement was codified into hospice at its inception in the U.S. in 1983, long before such care was validated with evidence. This was in recognition that the dying process directly impacts the patient's family, how the family and other caregivers are coping, and how their involvement with care impacts how the patient will do.

A nurse case-manager coordinates care with the hospice physician, the rest of the hospice interdisciplinary team (IDT), and the attending physician, if different from the hospice physician. Such coordination includes the medical aspects of the patient's care and also involves the family to the extent desired and permitted by the patient. The entire IDT, including the nurse and physician, social workers, spiritual care counselors, hospice aides, volunteers, and others, works with the patient, and the family regarding coping. They educate on the terminal condition and the dying process. The emphasis goes beyond the traditional hospice goals of physical comfort for the patient, but also acceptance of the dying process and psychosocial, emotional, and spiritual support for patient, family, and other caregivers.

**Questions about how hospice care can further benefit your patient? Please contact us.
We are here 24/7/365.**

Bereavement services are also provided by the hospice IDT. These include pre-bereavement (i.e. anticipating and getting ready in advance of the actual loss) for both the patient and family. Patients often grieve for themselves and need support for this. Family members' grief is greatest just after the death, but may persist. Family bereavement support is offered for at least 13 months after the patient's death, ensuring an overlap of the first anniversary of the loss.

Who is the family? In simplest terms it is whoever the patient identifies as their family. This may include traditional blood-relatives and relatives by marriage, as well as non-traditional family members including significant others, caregivers – anyone that is important to the patient. The hospice team will work with the patient to identify who is considered family and, if needed, help with paperwork for HIPAA compliance and recognition by the local jurisdiction in which the patient resides. Caregivers may become family, as defined here, and family often become caregivers. Even when caregivers are not family, they also often need support which the hospice IDT provides.

Hospice is for the patient and also includes the family and other caregivers in the unit of care. Support for the family continues even after the patient's death. We know that our patients and families value this. For patients with a terminal prognosis, hospice remains the gold standard.