

Hospice care is a type of care and philosophy of care that focuses on the palliation of a chronically ill, terminally ill or seriously ill patient's pain and symptoms, and attending to their emotional and spiritual needs.

The modern concept of hospice includes palliative care for the incurably ill given in such institutions as hospitals or nursing homes, but also care provided to those who would rather spend their last months and days of life in their own homes.

In the United States the term is largely defined by the practices of the Medicare system and other health insurance providers, which make hospice care available, either in an inpatient facility or at the patient's home, to patients with a terminal

prognosis who are medically certified at hospice onset to have less than six months to live.

Hospice care also involves assistance for patients' families to help them cope with what is happening and provide care and support to keep the patient at home.

Early development

Hospice care

Hospice has faced resistance springing from various factors, including professional or cultural taboos against open communication about death among physicians or the wider population, discomfort with unfamiliar medical techniques, and

professional callousness towards the terminally ill.

In hospice care, the main guardians are the family caregiver and a hospice nurse who makes periodic stops.

Hospice can be administered in a nursing home, hospice building, or sometimes a hospital; however, it is most commonly practiced in the home.

In order to be considered for hospice care, one has to be terminally ill or expected to die within six months.

United States

Hospice in the United States has grown from a volunteer-led

movement to improve care for people dying alone, isolated, or in hospitals, to a significant part of the health care system.

Hospice is the only Medicare benefit that includes pharmaceuticals, medical equipment, 24/7 day-a-week access to care, and support for loved ones following a death.

Hospice care is also covered by Medicaid and most private insurance plans.

Most hospice care is delivered at home.

Hospice care is also available to people in home-like hospice residences, nursing homes, assisted

living facilities, veterans' facilities, hospitals, and prisons.

Hospice plays an important role in reducing Medicare costs. Over the past 20–30 years 27-30% of Medicare's total budget was spent on individuals in their last year of life.

Hospice care reduces ER visits and inpatient hospitalization which are costly and emotionally traumatizing for both the patient and their loved ones.

Hospice care may involve not treating illnesses.

Patients and family members should understand the care or lack of care that is planned.

If one has pneumonia, it may (or may not) be treated. If not treated, this might actually increase suffering.

If the illness of the patient is not related to the terminal illness covered under the clinical determination of eligibility, the patient may seek standard treatment to address the cause of the suffering if they request such treatment.

Any Medicare services received by a hospice patient are covered under original Medicare including those hospice patients who have a Medicare Advantage plan and also services provided by a primary care physician for unrelated hospice treatments.