

What is Hospice?

The Hospice Foundation of America defines hospice as a special **concept of care** designed to provide **comfort and support** to patients and their families when a life-limiting illness no longer responds to cure-oriented treatments.

At Providence Hospice, we offer mission-inspired expert care that is underscored by our core values of **respect, compassion, excellence, justice, and stewardship**.

- Hospice does not prolong life. *Nor does it hasten death.*
- Hospice staff and trained volunteers offer a **specialized knowledge** of medical care, allowing us to address the unique physical, social, emotional and spiritual aspects that are encountered at end of life.
- The goal and our focus of hospice care is to improve the **quality of life** by offering comfort care and support with the dignity and respect that each human being deserves.
- Hospice care is provided by a group of **team-oriented, multi-disciplined** trained professionals, volunteers and family members as well as **the patient's own physician**.
- Hospice addresses all symptoms of a disease, with a special emphasis on **controlling pain and symptoms** which cause discomfort.
- Hospice works with the **emotional, social and spiritual impact** of the disease on the patient and the patient's family and friends.

History of Hospice from Hospice Foundation of America:

- During the 1960's, Dr. Cicely Saunders, a British physician began the modern hospice movement by establishing St. Christopher's Hospice near London. St. Christopher's organized a team approach to professional caregiving, and was the first program to use modern pain management techniques to compassionately care for the dying.
- The first hospice in the United States was established in New Haven, Connecticut in 1974.
- Today there are more than 4,700 hospice programs in the United States.* Hospice programs cared for 965,000 people enrolled in Medicare in 2006,** and nearly 1.4 million people in the United States in 2007*.
- Hospice is not a place but a concept of care. Eighty percent of hospice care is provided in the patient's home, family member's home and in nursing homes. Inpatient hospice facilities are sometimes available to assist with caregiving.

There is no better time to learn about hospice and ask questions about what to expect from hospice services. Although end-of-life care may be difficult to discuss, it is best for family members to share their wishes long before it becomes a concern. This can greatly reduce stress when the time for hospice is needed. By having these discussions in advance, patients are not forced into uncomfortable situations. Instead, patients can make an educated decision that includes the advice and input of family members and loved ones.