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# WHAT EXACTLY IS HOSPICE?

## *A Different Way To Approach Providing Care*

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Hospice is an against-the-grain option in the continuum of care. It is the concept that concedes a person can no longer benefit from curative treatment and that life expectancy is less than 6 months. Therefore, hospice is based on palliative care. This changes the focus from curing the illness to relieving its symptoms and easing its pain. The theory is to treat the person, not the disease. The aim is to enhance the person's comfort and improve the quality of their remaining time on earth.

Hospice care uses a family-centered approach to decision-making and treatment. The family is trained and supported by members of the hospice team. Together, they provide patient care utilizing a variety of therapies, with no conventional or unconventional therapy being excluded from consideration. This approach allows medical, spiritual, personal and psychological issues to be dealt with, while providing support and comfort to the patient and their family.



*Hospice care is commonly provided in a person's home or a private hospice facility. It is also offered in some hospitals, assisted living homes and nursing homes.*

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## TEAM MEMBERS

Providing hospice care takes an interdisciplinary team approach. A family member is typically the primary caregiver. They are guided and aided by a support team that provides experience, training, care planning, therapies and services.

The hospice team incorporates a wide variety of specialists. Team members can include:

- ◆ Personal physician.
- ◆ Volunteers (trained in hospice care).
- ◆ Hospice nurses.
- ◆ Hospice physician.
- ◆ Home health aides.
- ◆ Member of the clergy.
- ◆ Psychological counselor.
- ◆ Social workers.
- ◆ Therapists (physical, speech, occupational).

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## RESPONSIBILITIES

The hospice team puts together a care plan that is specific to the needs of the patient. Here are some of the major responsibilities that guide their plan.

- ◆ Manage the pain.
- ◆ Manage the symptoms.
- ◆ Train and coach the family on how to care for their loved one.
- ◆ Provide therapies. (Speech therapy, etc.)
- ◆ Provide medications and medical supplies.
- ◆ Provide equipment.
- ◆ Assist with the psychosocial, emotional and spiritual aspects of dying.
- ◆ Provide bereavement counseling to the survivors.
- ◆ Arrange short-term, inpatient care when necessary, such as when the family caregiver needs to take a break.

(Sources: Nat. Hospice & Palliative Care Org., Amer. Cancer Society)



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