

## Hospice allows more control with less distress

Written by Holyoke Enterprise

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When one is living with a fatal illness, often his/her fear or pain is increased by lack of control of the situation as one is re-examined, tested and treated as the end grows near.

Hospice care, however, gives one much control over one's final months through its aggressive pain and symptom management, as well as supporting both the dying person and his/her family to enable them to face what is to come.

It is little wonder that hospice has become increasingly popular as an option for people living with a terminal illness. Hospice does not attempt to prolong life, nor does it hasten

death, but rather works with the individual and his/her family to improve the quality of one's life.

Most people would rather die in their home or place of residence supported by loving family and other caregivers rather than in a sterile, high-tech hospital environment.

Additionally, hospice is a more cost-effective way in which to care for one who is terminally ill. In 2008, nearly two of every five people who died in the United States were receiving hospice care at the time of their death. As the knowledge of hospice increases, so do the referrals and admissions.

Approximately 1.5 million people were served by hospice in 2010. Hospice care focuses on comfort rather than cure when one's illness is not curable. It is often recommended for people who have fewer than six months to live. Care is provided wherever a person resides, including their home, an assisted living or skilled nursing facility, or in a nursing home.

On occasion, hospice is provided in a hospital. Hospice care benefits are available under Medicare, Medicaid and most health insurance plans. One's hospice team develops a plan of

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care to reduce pain and symptoms. The team also assists by:

—offering support to the individual and family to enable them to endure the emotional and spiritual aspects of dying.

—providing necessary medications, equipment and supplies.

—teaching family members how to care for their loved one.

—being available to answer a question or make a visit when pain or symptoms arise.

—supporting the grieving family for one year after their loss.

Hospice continues to attempt to overcome many myths and ill-conceived ideas, such as the myth that by choosing hospice, one is “giving up.” Rather, it is a choice to regain control over what one wants or needs with the knowledge that the Hospice of the Plains team will do everything possible to enhance the quality of one’s life as defined by him/her. Some individuals actually become medically stable to the point that they no longer meet the criteria of six months or less to live if the disease continues at its present course and are discharged or “graduate from hospice.”

Of course, individuals may also end their hospice services should they decide to pursue curative treatment. Unfortunately, Hospice of the Plains delays end-of-life discussions with the family because the subject is painful. Oncologists also delay the conversations with their patients, as shown by a recent survey that stated that 65 percent said they would discuss the fact that one had only four to six months to live even though he/she was still feeling well, but only 25 percent of oncologists would broach the subject of hospice with that patient.

Based upon the Hospice of the Plains Family Satisfaction Surveys received, a frequently made comment is the family regrets not seeking hospice’s services sooner. Don’t hesitate to call for

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information regarding the services Hospice of the Plains provides, including community bereavement groups and understanding advance directives.

Hospice of the Plains has been providing quality Hospice services in northeastern Colorado for 15 years. Hospice of the Plains serves the following counties: Logan, Morgan, Phillips, Sedgwick, Washington, Yuma and the eastern border communities of Weld, with staff and volunteers living throughout northeastern Colorado.

To learn more about Hospice of the Plains contact the office in Wray at 970-332-4116, Sterling at 970-526-7901 or the Brush workstation at 970-842-6060.