Hospice Care Glossary

GLOSSARY

Here are some common terms used in hospice and palliative care:

- Advance Directive
- Benefits and Burdens
- Capacity
- Cardiopulmonary Resuscitation (CPR)
- Do-Not-Resuscitate (DNR) Order
- General Inpatient Care
- Incompetent
- Life-Sustaining Treatment
- Living Will
- Medical Power of Attorney
- Palliative Care
- Withholding or Withdrawing Treatment

Advance Directive: A general term that describes two legal documents - a living will and medical power of attorney. These documents allow you to give instructions about future medical care and appoint a person to make healthcare decisions if you are unable to make them yourself. Each state regulates the use of advance directives differently.

Benefits and Burdens: A commonly used guideline for deciding whether to begin or stop medical treatments. A benefit can refer to the successful outcome of a medical procedure or treatment. Outcomes can be medical (for example, the heart beats again); or functional (for example, the person is able to walk to the bathroom after being incapacitated by a stroke). Or outcomes support the patient's values (for example, the patient is able to die at home as he or she wished). However, a benefit from one point of view can be experienced as a burden from another and might be viewed differently by doctors, patients and families. For example, if a patient's heart stops, is resuscitated and starts beating again, this is a successful outcome from a medical point of view, and a doctor may consider it a benefit. To the patient who is dying from an advanced illness, resuscitation may cause further injury and contribute to the overall experience of suffering. This success, from the doctor's point of view, might actually be experienced as an additional burden by the patient. Discussions of the benefits and burdens of medical treatments should occur within the framework of the patient's overall goals for care.

Capacity: In the healthcare context, the ability of the patient to understand and appreciate the nature and consequences of healthcare decisions and to make an informed decision. The term "competent" is also used to indicate ability to make informed decisions.

Cardiopulmonary Resuscitation (CPR): A group of treatments, any or all of which are given to support or restore breathing and circulation if the heart or lungs stop working.

Do-Not-Resuscitate (DNR) Order: A DNR order is a physician's written order instructing healthcare providers not to attempt cardiopulmonary resuscitation (CPR) if the patient stops breathing or the heart stops beating. A person with a valid DNR order will not be given CPR under these circumstances. Although the DNR order is written at the request of the patient or the person speaking on behalf of the patient, it must be signed by a physician to be valid.

General Inpatient Care: A specific benefit listed under Medicare and private insurance, usually provided in a hospice facility such as Collier Hospice Center, on a medical floor or unit of the hospital. For situations when: acute symptom management is needed for a patient who's dying and can't manage at home; a family breakdown occurs and caregivers cannot provide care; management of a particularly bothersome symptom is required for a limited period of time.
Hospice Care: A program to deliver palliative care to individuals with advanced illness. In addition to providing palliative care and personal support to the patient, hospice includes support for the patient's family while the patient is dying, and grief support.

Incompetent: See "Capacity."

Inpatient or Routine Care: This is used as an alternative to hospital or home care. Patients may stay in Collier Hospice Center when other resources are unavailable or inappropriate.

Life-Sustaining Treatment: Treatments (medical procedures) that replace or support an essential bodily function (may also be called life-support treatments). Life-sustaining treatments include cardiopulmonary resuscitation, mechanical ventilation, artificial nutrition and hydration, dialysis, and certain other treatments.

Living Will: An advance directive in which people document their wishes about future medical treatment if they are at the end of life and unable to communicate. It also is called a "directive to physicians," "healthcare declaration," or "medical directive." The purpose of a living will is to guide family members and doctors in deciding how aggressively to use medical treatments.

Medical Power of Attorney: A document that allows individuals to appoint someone else to make decisions about their medical care if they are unable to communicate. It may also be called a "health care proxy," "durable power of attorney for health care," or "appointment of a health care agent or surrogate." The person appointed may be called a health care agent, surrogate, attorney-in-fact, or proxy.

Palliative Care: A comprehensive approach to treating serious illness that focuses on the physical, psychological, spiritual, and social needs of the patient. Its goal is to achieve the best quality of life by relieving suffering, controlling pain and symptoms, and enabling maximum functional capacity. Respect for the patient's culture, beliefs and values is an essential component. Palliative care is sometimes called "comfort care" or "hospice-type care."

Withholding or Withdrawing Treatment: Not beginning life-sustaining measures or stopping them after they have been used for a certain period of time.