

The Hospice Team

The hospice team focuses on support and symptom management.

- A hospice physician, who is a specialist in symptom and pain control, collaborates with personal physicians.
- Hospice nurses visit the individual at home or in long-term care facilities.
- Nursing assistants provide companionship and personal care.
- A medical social worker offers counseling and helps identify additional resources.
- A chaplain gives spiritual support.
- Trained volunteers are available to relieve family members for short periods.
- A bereavement counselor assists the family following the death.
- Additional team members, such as nutritionists, physical and occupational therapists, and other therapists, are available as needed.

Paying for Hospice

Hospice services are usually available to medically appropriate individuals without regard to their financial resources. Medicare, Medicaid, and many other insurance plans include a hospice benefit at this time. To qualify an individual for most hospice benefits, physicians are asked to certify a life expectancy of six months or less. Call a local hospice for more information on specific coverage.

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Midlands Chapter

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**We're here to help and offer hope.
All day. Every day.**

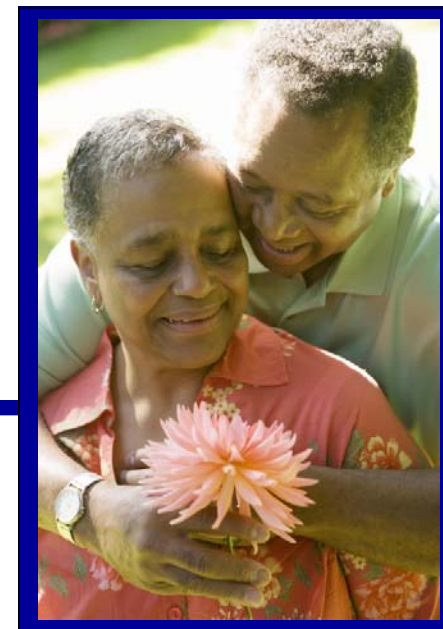
24/7 Helpline: 800.272.3900

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**Hospice
&
Alzheimer's
Disease**

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Facing Alzheimer's Disease

It is estimated that 5.3 million people have Alzheimer's disease, and its occurrence increases dramatically as the population ages. The early stages of Alzheimer's may span many years. By the final stages, it progresses to total dependence for even the most basic personal needs.

Hospice offers physical, emotional and spiritual comfort to persons with any life-limiting illness. Hospice care is usually provided at home, but it is often available in long-term facilities as well. For families who face the final stages of Alzheimer's disease, hospice can meet many critical needs.

Hospice Can Help

Hospice is a philosophy of care that treats people, not disease, and neither hastens nor prolongs dying. Hospice affirms life and regards death as life's final task. While the individual benefits from the best in medical care, both the individual and family are offered psychological, social, and spiritual support.

Hospice offers extra help to family caregivers. When the individual is in a long-term care facility, hospice and facility staff work together to develop the plan of care. After the death, bereavement support is offered to the family.



Difficult Decisions for Families

People with advanced Alzheimer's disease can no longer make decisions about treatment. Living wills and advance directives, written early in the disease process, can shape these decisions. In the absence of directives, recalling the individual's values and beliefs may serve as a guide.

Even with knowledge of the individual's wishes, families must often make difficult choices about the methods of feeding, the treatment of infections, and about resuscitation. When individuals no longer feed themselves or when swallowing is difficult, feeding tubes are sometimes used to provide adequate nutrition. The risks and burdens of such treatments, however, may eventually cause families to consider alternatives.

Infections are common in advanced Alzheimer's and are frequently the final cause of death. Questions about the aggressiveness of treating infections are certain to arise.

Cardio-pulmonary resuscitation (CPR) in the final stage of Alzheimer's disease is another important issue for consideration. Families understandably agonize about when to accept death. Even in advanced dementia, the death experience is an individual one coming in its own time and its own way.

Families need help in evaluating the potential benefits of treatments so that they may formulate their own definition of "futile care." Decisions about nutrition and hydration, how and when to treat infections, and whether to resuscitate must rest with family members.

Hospice and Hope

Some may worry that choosing hospice means giving up hope. There is always hope, but that hope changes. Although the family member

will not get well, hospice offers hope for comfort, peace and dignity. Hospice also provides assurance for families who may desperately need support at this stressful time. Hospice is the right choice when families want comfort care during the end-stage of Alzheimer's disease rather than aggressive medical interventions. The hospice team has expertise in treating the symptoms of advanced Alzheimer's disease.

Distressing symptoms can be controlled even when the underlying disease can not be cured. Hospice helps to meet the needs for skin and mouth care, eating, managing the bowel and bladder, maintaining safety, and relieving problems such as restlessness and sleep disturbances.

Where to Begin

Families can take the initiative in discussing advance directives, treatment choices and hospice care. They may consider hospice when their loved one loses bladder and bowel control, has difficulty swallowing, experiences significant weight loss, or cannot communicate or walk. Doctors may be uncomfortable recommending hospice care if they cannot be certain when death will come. Because the life expectancy of Alzheimer's individuals can be difficult to determine, it is important that families clarify their choices and involve the physician in frank discussions.

For more information on the hospice services available to families, contact the Chapter office 402.502.4301 or 712.322.8840 (in Southwest Iowa).

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