HEALTH BASICS

Hospice

Hospice is coordinated comfort-focused care for people nearing the end of life.

WHAT IT IS
Coordinated comfort-focused care near the end of life

WHERE IT COMES UP
Advanced illness and decisions about goals of care

WHY IT MATTERS
Supports comfort, personal goals, and caregivers

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Primary care, specialist, palliative care, or hospice service

HOW IT IS CHECKED
Clinical assessment and eligibility certification, not one test

Overview

Hospice is a type of care for someone with an advanced illness who is thought to be nearing the end of life. It is not a disease or diagnosis. Its purpose is to support comfort, dignity, and the person's priorities rather than to try to cure the illness causing their decline.

Hospice care may address pain, breathing discomfort, nausea, anxiety, sleep, and other concerns. It can also provide emotional, practical, social, and spiritual support. Help for family members and other caregivers is an important part of the service.

Hospice and palliative care are related but not identical. Palliative care focuses on comfort and quality of life at any stage of a serious illness. It can be provided alongside treatment intended to slow or cure that illness. Hospice generally begins when care has shifted away from attempts to cure the life-limiting condition.

Hospice is often provided where a person lives, including a private home, care home, or nursing facility. Some care is provided in dedicated hospice facilities or hospitals. The available services, eligibility rules, and payment arrangements differ by country and health system.

How it works

A hospice team usually includes nurses, doctors, nursing assistants, social workers, counsellors, spiritual care providers, and trained volunteers. The exact team reflects the person's needs and preferences.

The team develops a care plan with the person and, when appropriate, their family or chosen caregivers. The plan may include:

In the United States, Medicare hospice eligibility generally requires certification that the person is expected to live six months or less if the illness follows its usual course. This is a clinical estimate, not a countdown or guarantee. A person may remain in hospice longer if they continue to meet eligibility requirements after reassessment.

Choosing hospice under Medicare means accepting comfort-focused care instead of treatment intended to cure the terminal illness. Treatment for unrelated health conditions can continue. Some treatments related to the terminal illness may also continue when they are intended to relieve discomfort. The hospice team can explain whether a medicine, procedure, hospital visit, or piece of equipment is included in the plan.

A person may change their mind, leave hospice, or return later if eligible. Asking for information or having an assessment does not require anyone to enrol.

- Medicines and equipment intended to improve comfort
- Nursing visits and access to telephone advice
- Personal care and caregiver teaching
- Emotional, social, cultural, or spiritual support
- Short-term inpatient care for symptoms that cannot be managed elsewhere
- Respite care to give unpaid caregivers a temporary break
- Grief support for family members

Why it matters for your health

Advanced illness can involve changing physical needs, difficult decisions, and increasing demands on caregivers. Hospice brings these parts of care together through one coordinated team.

A clear care plan can help the person receive support that matches their goals. For example, someone may prefer to remain at home, avoid burdensome hospital trips, spend time with family, or focus on relief from discomfort. Hospice staff can prepare medicines and equipment, teach caregivers what to expect, and provide a number to call when needs change.

Hospice does not mean that care stops. The focus of care changes. Nurses and other team members continue to assess comfort, adjust the plan, and support day-to-day needs.

Early discussions can leave more time to compare hospice services and make informed choices. A referral can be discussed even when it is not yet clear whether the person qualifies or wishes to enrol.

What can go wrong

Problems may arise when hospice is introduced late, explained poorly, or treated as a decision that cannot be changed. A person may miss useful support if no one discusses it until the final days of life.

Other situations connected with hospice care include:

For a routine concern, such as a refill, equipment question, mild new discomfort, or planned travel, contact the hospice team using its usual number.

Call the hospice's urgent or 24-hour number for new or worsening pain, breathing difficulty, repeated vomiting, sudden confusion, a fall, bleeding, or a caregiver who can no longer provide safe care.

Call emergency services for immediate danger, such as severe breathing difficulty, major bleeding, a serious injury, or inability to wake the person, unless an established hospice emergency plan clearly directs another safe response. If possible, tell emergency responders that the person is enrolled in hospice and provide any advance directive or medical orders.

- Uncontrolled symptoms: Pain, breathlessness, vomiting, agitation, confusion, or constipation may need prompt assessment and a change in the care plan.
- Medication confusion: Old prescriptions, hospice medicines, and over-the-counter products can overlap. This can lead to missed doses or unintended combinations.
- Caregiver strain: Lifting, overnight care, personal care, and watching for changes can become more than one person can safely manage.
- Coverage misunderstandings: Families may assume that hospice supplies round-the-clock bedside care or pays for all room and board. Coverage and staffing arrangements should be confirmed directly.
- Unclear emergency plans: Calling emergency services may lead to hospital treatment that does not match the person's goals. However, immediate danger still requires emergency help.

- Changing goals: The person may decide that they want hospital treatment or treatment aimed at the underlying illness. The plan and hospice enrolment can be reconsidered.

What you can do

There is no single blood test or scan that determines whether hospice is right for someone. Eligibility is based on the illness, overall condition, expected course, care goals, and the rules of the relevant health system.

You can ask for a hospice information visit without committing to enrolment. Useful questions include:

Keep an up-to-date list of medicines, allergies, diagnoses, and important telephone numbers. Store the hospice care plan, advance directive, and any medical orders where caregivers can find them quickly.

If the person can express their wishes, ask what matters most to them and whom they want involved in decisions. Record their preferences in the forms recognised where they live. A clinician, social worker, or hospice service can explain the available documents.

- Which services are available at home, overnight, and on weekends?
- Who should be called for routine concerns and urgent changes?
- Which medicines, supplies, and equipment are covered?
- What happens if symptoms cannot be managed at home?
- How are current specialists and the usual clinician involved?
- What support is available for caregivers?
- Can care continue during travel or a temporary move?
- How can the person leave hospice or change providers?

Common questions

Is hospice only for cancer?

No. Hospice may support people with many advanced conditions, including heart, lung, kidney, liver, or neurological disease. Eligibility is based on the person's overall clinical situation, not one diagnosis alone.

Does hospice provide care 24 hours a day?

Hospice usually offers telephone support at all times, but routine continuous bedside care is not generally provided. Visit frequency and short-term intensive support are based on assessed needs and local coverage rules.

Can someone live longer than six months in hospice?

Yes. The six-month period used in United States Medicare eligibility is an estimate based on the expected course of illness. A person can continue receiving hospice care if reassessment shows that they remain eligible.

Can someone keep their usual clinician?

Often, yes. The usual clinician may continue to participate alongside the hospice medical team. The exact arrangement should be confirmed with the hospice service.

Can hospice be stopped?

Yes. A person may choose to leave hospice and pursue other care. They may be able to enrol again later if they meet the eligibility requirements.

Is hospice the same as assisted dying?

No. Hospice provides comfort-focused care and support. It does not mean intentionally causing death.

Sources

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- Centers for Medicare & Medicaid Services. Medicare Benefit Policy Manual, Chapter 9: Coverage of Hospice Services Under Hospital Insurance .
- Electronic Code of Federal Regulations. 42 CFR Part 418-Hospice Care .
- National Institute on Aging. What Are Palliative Care and Hospice Care? .
- MedlinePlus, U.S. National Library of Medicine. Hospice Care .