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## **Hospice Care**

Unfortunately, some people who die in a hospital emergency room, or who received extraordinary treatment to prolong life in a hospital or nursing home, may have had the alternative of dying at home in familiar surroundings, with family or other loved ones at their sides.

Often, when a loved one is near death, even when there really is no hope for recovery, the family calls for emergency services and begins a process which can result in the patient's being transported to a hospital emergency room, a strange, public and typically uncomfortable environment, connected to tubes and monitoring devices. He or she may be frightened and confused. This may not be the ideal way in which to spend one's last hours on earth.

Attending to a dying loved one in the peace and quiet of the home, with caring children and grandchildren surrounding the bed, can be a spiritual experience for all involved. Hospice can allow this to happen. Memories of a loved one passing in peace can provide great comfort for the family in years to come. When there is no longer hope for prolonging life, especially when this decision is made months in advance, hospice may be a better alternative to other medical intervention.

Hospice is a form of medically supportive care for patients who are terminally ill, those who have a progressive, incurable illness that is anticipated to end in death within six months despite good medical care and treatment. It allows for compassion and dignity in the process of dying. Hospice care is generally underused except with terminal cancer patients. Most families wait too long to have their doctor prescribe hospice and some do not even consider this a care alternative for Alzheimer's, degenerative old age, or other debilitating illnesses. They should.

Hospice involves a team approach, involving family caregivers, the personal physician, the hospice physician, nurses, home health aides, social workers, clergy or other counselors, trained volunteers, and speech, physical, and occupational therapists where appropriate. The goal is to manage the patient's pain and symptoms, assist the patient with the emotional, psychosocial and spiritual aspects of dying, provide needed medications, medical supplies, and equipment, coach the family on how to care for the patient, deliver special services like speech and physical therapy when needed, make short-term inpatient care available when pain or symptoms become too difficult to manage at home, provide the family caregivers with much needed respite, and provide bereavement care and counseling to surviving family and friends.

A patient can receive hospice through Medicare if he or she is: (1) eligible for Medicare Part A, and (2) the doctor and the hospice medical director certify that the patient is terminally ill and probably has less than six months to live, and (3) the patient or health care agent signs a statement choosing hospice care instead of routine Medicare-covered benefits for the terminal illness, and (4) care is received from a Medicare-approved hospice program.