The basic principles of bioethics in hospice care

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Hospice care is a type of care and philosophy of care that focuses on [palliation](http://en.m.wikipedia.org/wiki/Palliative_care) of a [chronically ill](http://en.m.wikipedia.org/wiki/Chronic_%28medicine%29), [terminally ill](http://en.m.wikipedia.org/wiki/Terminal_illness) or seriously ill patient's pain and symptoms, and attending to their emotional and spiritual needs.

Hospice care: Registered nurses monitor your symptoms and medication, and help educate both you and your family about what's happening. The nurse is also the link between you, your family, and the physician.

A social worker counsels and advises you and family members, and acts as your community advocate, making sure you have access to the resources you need.

Your doctor approves the plan of care and works with the hospice team. In a full hospice program, a hospice medical director is available to the attending physician, patient, and hospice care team as a consultant and resource.

Clergy and other spiritual counselors are available to visit you and provide spiritual support at home. Spiritual care is a personal process, and may include helping you explore what death means to you, resolving "unfinished business," saying goodbye to loved ones, and performing a specific religious ceremony or ritual.

Home health aides provide personal care such as bathing, shaving, and nail care. Homemakers may be available for light housekeeping and meal preparation.

Caring volunteers have long been the backbone of hospice. They're available to listen, offer you and your family compassionate support, and assist with everyday tasks such as shopping, babysitting, and carpooling.

These hospice specialists can help you develop new ways to perform tasks that may have become difficult due to illness, such as walking, dressing, or feeding yourself.

By the same token, even if you are being cared for at home, there may be times when you'll need to be admitted to a hospital, extended-care facility, or a hospice inpatient facility. Sometimes medical intervention will be recommended to ease the dying process (for example, an IV drip with pain medication), requiring round-the-clock nursing care.

Purpose Patients with cancer represent the largest diagnostic group of hospice users, with 560,000 referred for hospice in 2008. Oncologists rely on hospice teams to provide care for patients who have completed disease-directed treatment and desire to remain at home. However, 11% to 15% of hospice users disenroll from hospice, and little is known about their health care use and Medicare expenditures.

In an ever-changing health care environment, new practice arenas continue to emerge for physical therapists. Hospice care is one among them. Though this practice area is underserved, it is alive with possibilities and opportunities. This review constitutes a first step in evaluating the role of physical therapy in hospice care. Further randomized controlled studies are necessary to validate the efficacy of physical therapy in hospice care.