



# How can a hospice and palliative medicine physician **help** you in the care of your **patients?**

By **restoring comfort,**  
**dignity,** and **control** to the  
**lives of** your **patients** who  
are facing serious or life-threatening  
conditions.

# Life-limiting illness can comfort, dignity, and

the very qualities that patients tell us make life subspecialist works together with you to prevent accompanies life-limiting illness. The hospice and extensive experience in enhancing patients' quality

Is your patient appropriate for a palliative care referral?

A hospice and palliative medicine consultation

will help you manage complex pain, symptoms, comorbidities, patient and family communication, and other issues.

Advice from a hospice and palliative medicine expert is helpful and appropriate at any time in the course of a life-limiting illness. You may consult with the hospice and palliative medicine physician as needed or request that he or she assume primary responsibility for care.

Working together with an interdisciplinary care team, the hospice and palliative medicine physician provides

- expert relief of pain
- treatment for a broad spectrum of other symptoms, such as fatigue, breathlessness, nausea, and anxiety
- attention to emotional and spiritual needs
- help setting goals for care
- guidance in making complex treatment choices
- coordination with other healthcare providers, including the primary physician and specialists such as oncologists, surgeons, and cardiologists
- hospice services to improve quality of life at home or in the nursing home, hospital, or hospice facility
- continued support for family members during the period of bereavement.

# erode your patients' control—

worth living. A hospice and palliative medicine and relieve the distress and suffering that palliative medicine physician's expertise and of life complement your own skills.

## HELP FOR PHYSICIANS

When symptoms do not respond to usual treatments, or care decisions and family situations are especially complex, you can get valuable help from experts in hospice and palliative medicine. As a physician, you provide routine palliative care as part of your normal scope of practice. However, when situations are unusual, extraordinarily time consuming, or resistant to usual approaches, you can rely on the hospice and palliative medicine physician to

- suggest different approaches
- conduct in-depth family meetings and care-planning sessions
- coordinate care across the usual healthcare boundaries.

## HELP FOR OTHER HEALTHCARE PROFESSIONALS

Clinicians and support staff can feel frustrated when they are unable to relieve symptoms and helpless in the presence of prolonged suffering. By affirming that the patient's and family's experience of illness is as important as clinical benchmarks, the hospice and palliative medicine physician helps allied professionals reconnect to the caring that initially brought them to this work. When other healthcare professionals work alongside their colleagues in hospice and palliative care, they learn new, effective ways to give patients and families comfort and control, and they also experience greater work satisfaction.

## HELP FOR HEALTHCARE PROGRAMS

Multiple studies have demonstrated that hospice and palliative medicine improves healthcare quality in three primary areas:

- relief of physical and emotional suffering
- improvement in and strengthening of patient-physician communication and decision making
- assurance of coordinated continuity of care across multiple healthcare settings—hospital, home, hospice, and long-term care.

Hospice and palliative medicine physicians provide leadership for improving a program's ability to deliver care that is effective, efficient, patient-centered, and family-oriented. At all points along the disease continuum, including bereavement, hospice and palliative specialists bring attention and energy to improve patient and family experiences.

## THE SUBSPECIALTY OF HOSPICE AND PALLIATIVE MEDICINE

In 2006, the American Board of Medical Specialties approved the creation of hospice and palliative medicine as a subspecialty of 10 specialty boards: internal medicine, anesthesiology, family medicine, physical medicine and rehabilitation, psychiatry and neurology, surgery, pediatrics, emergency medicine, radiology, and obstetrics and gynecology.

Information about the requirements for certification as a hospice and palliative medicine subspecialist is available at [www.aahpm.org](http://www.aahpm.org) under Certification.

Visit the American Academy of Hospice and Palliative Medicine's Web site to

- learn more about the subspecialty
- find a certified physician
- join the community of inspired clinicians working in hospice and palliative medicine
- discover engaging learning opportunities for you to increase your knowledge of hospice and palliative medicine (including CME).

**Visit [www.aahpm.org](http://www.aahpm.org)**

# EXAMPLES OF EXCELLENT REFERRALS

FOR A PALLIATIVE  
MEDICINE CONSULT

**Eunice, a 62-year-old grandmother of two, is in treatment for breast cancer.** Her worries center on caring for her grandchildren while continuing her work as a journalist and undergoing radiation treatments. She wants to continue with radiation but is distressed by the side effects, including fatigue and lack of appetite. She also needs help coping with plans for the future.

**Almost half of Megan's young life has been spent going back and forth to hospitals to receive cancer treatments.**

She lives with her family in a small town and attends classes at her local high school. With her tumor growing increasingly resistant to all available treatments, Megan's family needs help working out a plan to care for her closer to home. There is a local hospice that can help her family care for her amongst friends and schoolmates, as long as she gets expert symptom management and support.

**Ted, an 84-year-old man with heart disease and Alzheimer's disease, is admitted to the local hospital.** Despite using the most advanced treatments for heart failure, fluid continues to accumulate in his lungs. The family wants to continue to care for Ted in the home where he has lived for more than 50 years, but there are frequent distress calls about recurrent symptoms, poor oral intake, and fears about the future.



American Academy of Hospice and Palliative Medicine

*Advancing the science of comfort,  
affirming the art of caring.*

[www.aahpm.org](http://www.aahpm.org)

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