Hospice care helps people with fatal illnesses have the best possible quality of life when their goal for care is comfort rather than prolonging life, as well as support for their family. The focus is on promoting comfort and dignity and easing discomfort at the end of life.

**ELEMENTS OF HOSPICE CARE**

- **Pain management**: Treating pain as part of hospice may include medications and doses with adverse effects that might not normally be acceptable for a person who is not dying. A physician specializing in the treatment of chronic pain may be involved in the care.
- **Involving family**: Family caregivers may provide support, comfort, and help with the patient’s activities of daily living. Family presence during the dying process can benefit the patient and the family members. Hospice workers help family and caregivers understand what happens to people when they are dying.
- **A multidisciplinary, team-focused approach**: Members of the hospice team may include a physician with specialized education in palliative medicine (relieving discomfort when illness is not curable), nurses with education in caring for dying patients, social workers, therapists, chaplains and other spiritual leaders, specially trained aides, and volunteers. Hospice professionals offer support, guidance, and resources for family members before and after a patient’s death.

**WHO CAN BENEFIT FROM HOSPICE CARE?**

Hospice is designed to help those who are in their last months of life and is most effective when used in this way. However, hospice care may be used during a person’s final few days or for more than 6 months if recommended by the person’s physician. Most hospice patients are older, but hospice care can be helpful for persons of any age, including children, if their life-ending illness is in its last stages. Many persons with advanced cancers, Alzheimer disease, amyotrophic lateral sclerosis (Lou Gehrig disease), AIDS, and severe chronic kidney disease receive hospice care during the final phase of their diseases.

**IMPORTANT POINTS ABOUT HOSPICE CARE**

- Persons who receive hospice care have food and drink appropriate to their wishes and needs. Some persons make their own choice (often as part of an advance directive, or living will) to stop or limit eating or drinking at a certain point in their dying process.
- Hospice care can take place in an individual’s home, where that person can be surrounded by familiar objects and by friends and family. Most hospice care takes place either in the home or in a home-like setting, such as an assisted-living facility. Some hospitals have dedicated hospice units where hospice care is offered.
- Patients receiving hospice care do not undergo cardiopulmonary resuscitation or other efforts to prolong life through artificial means. Accepting hospice care means that life will not be forced to last longer, but death is not actively sought.

Sources: Hospice Foundation of America, American Academy of Hospice and Palliative Medicine, Foundation for End-of-Life Care, American Cancer Society, National Cancer Institute, American Geriatrics Society

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