Palliative Care Services
In Massachusetts, all patients with serious advancing illness have a legal right to receive information about their medical conditions, their likely outcome (“prognosis”) and their full range of options for care.

**About Palliative Care Services**

Anyone with a serious illness, regardless of his or her age, life expectancy or prognosis, can receive palliative care services. Palliative care can be provided anywhere, including in the hospital or at home.

Palliative care is a team-based approach to treating serious illness that focuses on a person’s physical, emotional and spiritual needs. It is appropriate for patients at any age, regardless of the expected outcome of their illness. The goal of palliative care is to prevent and relieve the physical symptoms, anxiety and stress that often accompany a serious illness. This includes managing pain, shortness of breath, fatigue, nausea, loss of appetite and decreased function. Palliative care services also help patients and family members with planning for future needs, coordinating care and working through sometimes difficult decisions.

Palliative care is different than hospice care. It can be provided while seeking active treatments.
Palliative Care at Lowell General Hospital

The Palliative Care Department at Lowell General Hospital provides supportive care services to people facing serious illnesses and/or complex medical situations. Our services are offered both in the inpatient and outpatient settings.

Our core team is comprised of a physician, nurse practitioner and specialty certified palliative care nurses. We work with providers, nursing staff, social workers, case managers, dieticians, pharmacists, physical therapists and spiritual care providers to address the needs of the patient.

Frequently Asked Questions

Does my insurance cover palliative care?
Most insurance plans, including Medicare and Medicaid, cover some medical services that are considered palliative care. The amount of coverage will depend on the patient’s condition and where he or she is receiving care (home, hospital, etc.). For specific information about your health care coverage, contact your insurance plan.

May I keep my current doctor if I am receiving palliative care?
Yes! Palliative care teams work closely with a patient’s primary doctor. They provide an extra layer of treatment and support.

If you wish to meet with our staff while you are admitted in the hospital or after discharge from the hospital, please contact our office.
Advanced Care Planning

Advanced care planning involves making future plans for your care and letting others know about your preferences. It allows you to make sure you get the medical care you would want if you were too sick or hurt to express your wishes, even when doctors and family members are making those decisions for you. It is important to talk with family and trusted loved ones about your goals, values and wishes for future medical care, regardless of your current health needs. It is also important for patients and their families (or advocates) to have these conversations with the patient’s care providers throughout the illness, even at the beginning. Decisions that might come up include whether you want to use a breathing machine, have tube feeding or be resuscitated if your heart stops.

Advance Directives

Advance directives are legal documents that allow you to spell out your preferences about end-of-life care ahead of time. In Massachusetts, a Health Care Proxy is the legally accepted form of advance directive. It is a simple legal document that allows any adult to name a trusted person to make future health care decisions on his or her behalf if that person is ever unable to make or communicate those decisions. The designated person is known as a health care agent. The health care agent must wait until a physician determines and documents that a patient is not able to make or communicate those decisions on his or her own.
Medical Orders for Life-Sustaining Treatment (MOLST)

MOLST is a medical order form that is based on a patient’s rights and preferences to accept or refuse medical treatment, including treatment that might extend the person’s life. It reflects decisions made by seriously-ill patients about certain medical treatments they want or do not want to receive. These decisions can be changed at any time, even after completing and signing a MOLST form. Using MOLST is voluntary. The MOLST form is used to communicate medical orders from a care provider, such as a doctor or nurse to other health professionals, such as emergency responders.

The MOLST form is not the same as a Health Care Proxy. MOLST is a medical document that can be acted on immediately based on a person’s current medical situation.

Hospice Care: Managing End-of-Life Care

Hospice care is a philosophy of end-of-life care that looks at the whole person. Hospice provides an array of comfort and support services to patients and their loved ones. Anyone who has received a diagnosis of a terminal illness (prognosis of approximately six months) may receive hospice care.

Hospice helps patients who are dying clarify their priorities and establish their goals of care while providing relief from pain and other symptoms. Hospice treatments do not aim to lengthen life. Instead, they focus on ensuring comfort and dignity so that the final months of a patient’s life
are as meaningful and fulfilling as possible, for both the patient and family.

In most cases, a health care team manages hospice care. Doctors, nurses, social workers, counselors, home health aides, clergy, therapists and trained volunteers all provide care, each based on his or her special areas of expertise. Together they provide complete medical, emotional and spiritual care to the person who is terminally ill.

### How Do Palliative and Hospice Care Compare?

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<thead>
<tr>
<th>Care Type</th>
<th>Palliative Care</th>
<th>Hospice</th>
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<tbody>
<tr>
<td><strong>Timing</strong></td>
<td>Serious and advanced life-limiting illness at any stage, not just end of life</td>
<td>At the end of life – last 6 months</td>
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<tr>
<td><strong>Treatment</strong></td>
<td>Can receive all other treatments at the same time</td>
<td>Cannot receive chemo, radiation or other palliative treatments</td>
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<td><strong>Insurance</strong></td>
<td>Covered through regular insurance</td>
<td>Covered as a special Medicare/insurance benefit</td>
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<td><strong>Services</strong></td>
<td>Comprehensive, coordinated pain and symptom management, family support</td>
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<td><strong>Purpose</strong></td>
<td>Symptom management, including discussions about care goals, assistance with decisions and transition of settings, and coordination of care between specialists and primary care doctor</td>
<td>Comfort management without life-prolonging treatments</td>
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Additional Palliative Care Resources

Center to Advance Palliative Care
www.capc.org
www.getpalliativecare.org

The Conversation Project
www.theconversationproject.org

Honoring Choices, Massachusetts
www.honoringchoicesmass.com

Medical Orders for Life-Sustaining Treatment (MOLST)
www.molst-ma.org

National Hospice and Palliative Care Organization (NHPCO)
www.nhpco.org

Information included in this brochure has been adopted from The Department of Public Health in Massachusetts “Know Your Choices, A Guide for Patients with Serious Advancing Illness.” For the full guide in multiple languages, please visit www.mass.gov, end of life care.

For more information about our Palliative Care Services or additional resources,
visit www.lowellgeneral.org/palliativecare or call
or office at (978) 942-2064.