RIVER CITY HOSPICE

PALLIATIVE CARE VS. HOSPICE CARE

Both focus on comfort and quality of life—at different points in the illness journey.

Palliative care and hospice care both help patients and families manage the impact of serious illness. The key differences are when care may be offered, the patient's treatment goals, and eligibility requirements.

PALLIATIVE CARE

Specialized support for people living with a serious illness—at any stage. It helps relieve symptoms, stress, and treatment side effects while supporting quality of life. It can be provided **alongside treatment intended to cure or control the illness**.

HOSPICE CARE

Specialized care for people approaching the end of life when the focus shifts primarily to comfort rather than curing the terminal illness. In the U.S., hospice eligibility generally requires a physician's certification that life expectancy may be six months or less if the illness follows its normal course.

KEY DIFFERENCES

WHEN IT CAN START	At any stage of a serious illness.	When hospice eligibility is met, generally with a prognosis of six months or less if the terminal illness follows its normal course.
TREATMENT GOALS	May include ongoing treatments intended to cure, control, or slow the illness.	Focus is comfort and quality of life; treatment intended to cure the terminal illness is generally not part of the hospice plan.
WHERE CARE IS PROVIDED	Often outpatient, in the hospital, or through a clinic or home-based service, depending on the program.	Commonly at home or another residence; inpatient care may be available when medically needed.
WHO PROVIDES CARE	Palliative care clinicians work with the patient's existing medical team.	An interdisciplinary hospice team coordinates care, including nursing, physician services, aides, social work, and other support as appropriate.
COVERAGE	Coverage varies by insurer, setting, and services.	Medicare, Medicaid, and many private plans may cover hospice for eligible patients who elect the hospice benefit; details vary.

WHEN TO ASK ABOUT PALLIATIVE CARE

Consider a conversation when symptoms, stress, treatment side effects, or decision-making support needs arise during a serious illness—whether or not curative treatment continues.

WHEN TO ASK ABOUT HOSPICE

Consider hospice when the illness is progressing, the patient may meet eligibility criteria, and the goals of care are focused on comfort. A hospice evaluation can help clarify options.

THEY ARE NOT "ONE OR THE OTHER"

Palliative care may be appropriate earlier and hospice later as needs and goals change. Ask the medical team which service best fits the patient's current situation.

A conversation can help patients and families understand their choices, receive support, and make care decisions that reflect their goals.

Educational information only. Eligibility, services, and coverage are determined by the patient's clinical situation and applicable program or payer requirements.

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