

The goal of palliative care is to help patients feel better. We focus on what matters most to patients and families. You may contact our palliative care professionals for further discussion or to answer questions you may have.

Services may include:

- A complete patient assessment
- Recommendations to manage complex pain and other symptoms such as respiratory distress and anxiety
- Assistance to achieve patient-identified goals of care
- Counseling and emotional support for patient and family



Arrange for Care

If you have any questions, or wish to arrange for care, please contact Referral Services at **800.333.4700** or visit our website at **careathome.org/referral**.



About Tufts Medicine Care at Home

Tufts Medicine Care at Home provides essential home health, palliative, and hospice care in all the places patients call home. Together, our healthcare providers form a comprehensive continuum of the highest quality care for infants, children, adults, and elders in home and community settings. Our highly skilled healthcare professionals are renowned for their expertise in a wide range of cutting-edge clinical and supportive services.

The service area includes more than 100 cities and towns in the Merrimack Valley, northeastern Massachusetts and southern New Hampshire.

To learn more, visit careathome.org.

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TuftsMedicine
Care at Home

Palliative Care





Is palliative care the same as hospice care?



No. Many times patients, families, and healthcare providers think palliative care and hospice are one and the same. Palliative care is intended to support patients and families managing symptoms and burdens of illness, no matter where they are in their

illness process. However, hospice provides end-of-life care for patients suffering from advanced illness in the last six months of life or who have chosen not to pursue curative treatment.

Palliative care is a medical specialty available to patients with complicated, serious, or advanced illness. It is comprehensive, interdisciplinary care focused on relieving suffering and improving quality of life for patients and their families. Palliative care interventions can be provided along with life-prolonging treatment or as the primary focus of care.

A team of professionals work together, focusing on the person as a whole throughout an illness. The palliative care team consists of physicians, nurse practitioners, clinical social workers, pastoral counselors, dietitians and others who are dedicated to ensuring that patients' and families' goals are met.

Who is appropriate for palliative care?

Any patient who is diagnosed with a complex, serious medical illness may be referred to palliative care, regardless of their age or stage of illness. The palliative care team works with patients and families to provide support managing difficult symptoms, advanced care planning, and determining goals of care while assuring physical comfort and psychosocial support. In addition, the team can work with you to explore options for continuation of palliative services after discharge.

Palliative care team members are specifically trained to assist patients, families, and the medical team members in understanding all treatment options as they relate to the patient's goals and definition of quality of life.

Palliative care



Patients served

- Patients of any age, at any stage of complex illness

Services provided

- Throughout illness and simultaneously with other treatment
- Comprehensive, coordinated pain and symptom control, care of psychological and spiritual needs, family support, and assistance in making transitions between care settings
- Advanced care planning congruent with patient goals

Key differences

- Program is open to all seriously ill patients, not just those with a six-month prognosis.
- Patients do not have to forego curative care.
- Palliative care team coordinates care from a variety of healthcare providers, including specialists and primary care physicians to prevent service fragmentation.

Hospice care



- Patients of any age in the last six months of life

- At the end of life and when curative treatment is not desired or effective
- Comprehensive, coordinated pain and symptom control, care of psychological and spiritual needs, family support, and assistance in making transitions between care settings
- Bereavement care for loved ones

- Six-month prognosis required by Medicare and other funders. Coverage includes outpatient medications and supplies. Efforts to cure or prolong life are not covered.