

Script – Print – Knowing Your Options

Facing a serious health issue, or coping with the news that you only have months to live, takes an emotional toll not only on the patient, but also on their family and other loved ones. That's where the team of professionals who work in hospice and palliative care can provide great comfort and assistance. November is [National Hospice and Palliative Care Month](#).

"I appreciate that there is a month dedicated to hospice and palliative care," said Julie Brock, Palliative Care Nurse, OSF HealthCare. "First of all, it designates the importance of hospice and palliative care, but it also brings to light the education and the opportunities to be able to talk and educate people about what we do."

It's important to note the difference between hospice and palliative care, which are not the same thing. Hospice is care for patients of all ages with a life-limiting illness and a prognosis of six months or less to live, and who have decided not to pursue life prolonging treatment.

Palliative care focuses on providing comfort to people of all ages with serious, chronic and life-threatening illnesses, such as cancer, heart failure, Alzheimer's and other diseases.

"Palliative care is more upstream," said Dr. Trent Barnhart, Northern Region Medical Director, Post-Acute Care and Inpatient Palliative Care, OSF HealthCare. "It may be that you have several years left to live. You may still want to get some treatments. You may want to be back in the hospital, and this is where you have a team of health care professionals that will support you on how to best make your decisions when you know it may involve more treatment and just focusing on end of life."

According to Dr. Barnhart, one of the biggest changes in the medical community has been the way end of life situations are viewed. At some point, he says, it might no longer be possible to cure a serious illness, or the patient may decide to no longer pursue any more treatment.

He also stresses the importance of advance care planning – making decisions about the health care you would want if you're facing a medical crisis - before you are too ill to communicate your wishes to your family.

"Over the past 15 years it's become more and more evolved to where doctors are thinking 'is this something we really want to offer our patients? Is it really going to be helpful?' To help patients and families to recognize that just doing more because you can do more doesn't necessarily help you," said Dr. Trent Barnhart, Northern Region Medical Director, Post-Acute Care and Inpatient Palliative Care, OSF HealthCare.

Whether it's hospice or palliative care, the medical team, which includes nurses, doctors and social workers coordinate emotional and spiritual support for the patient as well as the caregiver and family with emotional and spiritual needs.

"The most important thing in what we do is building trust with our patients and families," said Julie Brock, Inpatient Palliative Care Nurse, OSF HealthCare. "Sometimes that happens

right away and sometimes that develops over time. But caring for people at the end of life is delicate, it's intimate, it's the most intimate time you can come into a person's life, so developing trust and developing a strong relationship with them right away is very important."

Brock has been a palliative care nurse for 13 years. Working with the seriously ill and dying isn't easy, but her job of providing comfort, compassion and care is vital in the process of getting patient and loved ones through a difficult time.

"I cannot change a person's outcome. I don't hold that power in my hands," said Julie Brock, Inpatient Palliative Care Nurse, OSF HealthCare. "What I can do is make the time a person has, whatever time that is, between A and Z, between X and Z, whatever I can do to make that time the very best, with the best quality of life, I've done my job. That is the highest honor I could ever have, is walk with somebody, a patient or family, through that time."

For more information, visit [OSF HealthCare](#).