



# *Hospice* 寧養服務

Hospice 寧養服務





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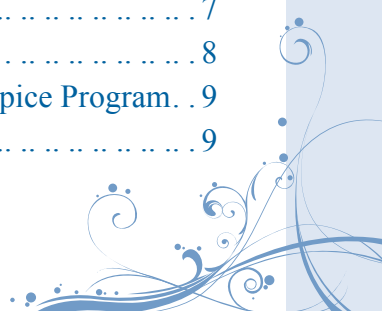
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# 一、甚麼是寧養服務

寧養服務是聯邦政府專為患有不治之症的病人而設的一種醫療保險計劃。當醫生認為該病人的病情已到末期，按正常的病情惡化進度，病人生命餘下半年或更少，他們會提議病人接受這種特別的福利服務。

寧養服務專注於舒緩病患的疼痛以及減輕各種不適的徵狀，而不是提供末期的病情治療。該服務著重照顧病者與家屬之身心、情緒及精神狀況，以及提供所需的社會福利。並盡量使病人保持舒適及獨立的能力，鼓勵和幫助病人在餘下的每一天都能過得更安心，更充實和更有意義。在離世的最後日子裏，既能保持個人的尊嚴，又能平靜安祥地告別人生。

# I. What is Hospice?

Hospice is a health care program designed by Medicare for patients who are terminally ill, with a life expectancy of six months or less, if the disease runs its normal course. Hospice focuses on comfort care rather than aggressive treatment.

Services are directed toward the physical, psychological, social and spiritual needs of the patient and family. Hospice care aims to maximize the patient's comfort and independence, in order to help the patient live his/her remaining days to the fullest, and to die with dignity and peace.



## 二、寧養服務所提供的福利和援助

### 病人在接受寧養服務期間

寧養服務計劃可為病者送上醫療器材、用品和藥物等以舒緩疼痛和減輕各種不適的徵狀。並可安排護理人員為病人控制疼痛和不適，處理病人的個人衛生，指導和協助家屬照顧病人。若病者有情緒的困擾，也提供精神或情緒上的支持或輔導，鼓勵和協助病人積極面對人生，盡量繼續日常的工作，做想做的事，完成未了的心願，使病人在人生餘下的每一天都能過得安心，充實及富有意義。

### 當病人離世後

寧養服務的哀傷輔導員會繼續聯絡家人，為期至少一年，以確保他們能從喪親的悲痛中振作起來，情緒上逐漸復原，重過正常的生活。

## II. Benefits and Support Provided by Hospice

### **During the course of hospice care**

Hospice provides medical equipments, supplies and medications for comfort care. Hospice staff will help to control the patient's pain and symptoms, assist with personal care, and instruct the caregiver how to care for the patient. Hospice also provides emotional support and counseling. With assistance from the hospice staff, the patient is encouraged to continue working, to do what he wants to do, and to finish any unfinished business.

### **After the patient has passed away**

Hospice bereavement counselor will continue to contact the family for a period of at least one year, to help family members cope with their grief and resume their normal lives.



## 三、寧養服務計劃

### 寧養服務的福利期

- 聯邦政府的寧養福利期：分為第一和第二期，每期各90天。隨後的期限不限次數，每期60天。
- 而各州政府的寧養福利期：分為第一和第二期，每期各90天，隨後是有限次數的分期，每期60天。整個福利期限總共為十三個月。  
只持有州政府醫療保險的病人，在其一生中，只可以享受十三個月的寧養服務福利。
- ★ 接受寧養服務的病人，可以依其意願，隨時終止接受寧養服務。日後仍可考慮再選擇接受寧養服務，但在重新接受時，則按上次終止時的下一期福利期算起。



# III. The Hospice Program

## Hospice Benefit Periods

- **The Medicare Hospice Benefit Periods**  
Consists of two 90-day periods, followed by an unlimited number of 60-day subsequent periods.
- **The Medicaid Hospice Benefit Periods**  
Consists of two 90-day periods, followed by limited number of 60-day subsequent periods.  
The entire hospice eligibility is limited to a total of 13 months in a lifetime.

\* A hospice patient may revoke the election of hospice care at any time during an election period. He/she may also elect hospice care again at a later date, and enter into the hospice period subsequent to the one he/she has revoked.



## 寧養服務的形式

### a. 家居護理：

#### ▪ 常規家居護理

雖然寧養服務可以為不同居住環境（例如住在自己的家、養老院或療養院）的病人提供服務，但是寧養服務的宗旨是鼓勵和協助病人繼續在自己的家裡居住。

寧養服務提供所需的醫療器材、用品和藥物等，會送到病人家裡。作為病者舒緩疼痛和控制不適之用。主要的服務包括護理、醫療社會工作、健康衛生料理、情緒輔導和義工服務。使病者能在家庭溫馨的環境中，繼續享受天倫之樂，積極地渡過餘下的日子。

#### ▪ 延續家居護理

已接受常規家居寧養服務的病人，如有突發危險（例如嚴重疼痛，不適徵狀或垂危等）則需要護理者每日連續8至24小時提供家居服務。這種服務主要由註冊護士提供，以協助家人繼續在家照顧病者。但為期不能超過五天。

## Category of Care

### a. Home Based care:

- **Routine Home Care**

Hospice encourages the patient to live and die at home, even though hospice care can be delivered wherever the patient lives, such as the patient's own home, a board and care home or a skilled nursing facility. Hospice services, supplies, medical equipments and medications will be delivered to the patient's residence. Hospice staff also instructs family members and caregivers how to take care of the patient at home.

- **Continuous Home Care**

This can only be provided for a brief period, in times of crisis such as severe acute/chronic pain or symptoms related to the terminal illness, or a breakdown in the family system. Care is provided between 8-24 hours a day, primarily by a registered nurse, to help keep the terminally ill patient at home. This type of care is provided for no more than 5 days.



b. **短暫住院護理：**

▪ **住院休養**

已接受家居寧養服務的病人，若其陪護者因工作過勞或有事需要離開病者家居數天以處理私務，而家人又無法安排替工，惟有選擇由寧養服務送病者入療養院暫住，以方便該陪護休息數天恢復疲勞。這樣可使陪護人員在處理私務後，能夠繼續精心照顧病人。這住院休息只限於偶然的情況，而且住院期限，每次不可超過五天。

▪ **普通住院**

已接受常規家居寧養服務的病人，由寧養服務轉送入住有合約規定的醫院或療養院，為期不能超過五天。目的是處理不能在家控制的危機，例如劇痛，（嚴重，急性或慢性的）與末期病患有關的病徵等。

**b. Short- Term Inpatient Care:**

- **Inpatient Respite Care**

This is provided to a hospice patient only when necessary in order to relieve the caregiver.

For example, when the caregiver needs a break or has to leave the patient's home for a few days, and the family is unable to arrange for a temporary substitute. This care is provided on an occasional basis only, for no more than 5 days on each occasion, and in a participating skilled nursing facility.

- **General Inpatient Care**

This is provided to a hospice patient during a crisis, such as severe acute/ chronic pain or medical symptoms related to the terminal illness that cannot be managed at home. Care may be provided in a participating skilled nursing facility or hospital, for no more than 5 days.



## 四、寧養服務是怎樣提供的？

寧養服務是由一組受過特別訓練的專業人員提供的。寧養服務小組的成員包括以下各種專業人員：

### 主要成員

病人的主診醫生  
寧養服務的醫務顧問主任醫生  
寧養服務的註冊護士  
社工  
輔導員：心靈輔導員／哀傷輔導員／營養輔導員  
義工

### 其他成員

護士助理  
家務助理  
物理治療師  
職業治療師  
言語治療師



## IV. How are Hospice Services Provided?

Hospice services are provided by a group of specially trained professionals – the Hospice Interdisciplinary Group (IDG).

### **Core Members of IDG:**

- Patient's attending physician
- Hospice Medical Director
- Hospice Registered Nurse
- Medical Social Worker
- Counselors: Spiritual Counselor, Bereavement Counselor, Dietary Counselor
- Volunteers

### **Other Members of IDG:**

- Hospice Aide
- Homemaker
- Therapists: Physical Therapist, Occupational Therapist, Speech-Language Pathologist



## 五、寧養服務小組成員的主要職責

- **病人的主診醫生**  
繼續監察病人的病情，發出處方，幫助病人舒緩疼痛和其它與末期病患有關的不適徵狀。
- **寧養服務的醫務顧問主任醫生**  
監察整個寧養服務的醫療運作，參與、設計和指導病人的服務計劃，審核病人接受寧養服務的資格等。
- **寧養服務的註冊護士**  
定時探訪病人。探訪次數依病情需要而定，從每週一次至每天探訪不等。寧養服務安排註冊護士24小時值班，提供全日24小時電話諮詢服務，以解答、指導和解決病人／家人突發的問題，必要時亦作緊急的家訪，以處理病情和舒緩情緒。註冊護士家訪時會評估病人的病情，疼痛和不適的情況，並提供舒緩的方法。之後向病人的主診醫生彙報，並會依照醫生的指示，提供藥物、醫療器材、用品等，以舒緩不適，給予精神上的支持，以及安排病人需要的其它寧養服務。



# V. The Role of Interdisciplinary Group (IDG) Members

## **Patient's Attending Physician**

Monitors the patient's condition continually and gives comfort care orders such as medications and treatment for pain control and symptom management.

## **Hospice Medical Director**

Oversees the Hospice operation, certifies patient's eligibility for hospice, assists in developing a plan of care, and acts as a backup for the patient's attending physician.

## **Hospice Registered Nurse**

Visits hospice patients regularly, from once a week to every day depending on patient's needs. A registered nurse is also on call around-the-clock to answer questions and make urgent visits anytime, when needed. The registered nurse assesses the patient's condition, pain and symptom levels, reports to patient's attending physician and carries out the physician's orders for pain control and symptom management. She also provides instructions for the administration of medications, use of medical supplies and equipments, and care of the patient. She offers emotional support and coordinates the delivery of other services.



- **社工**  
評估病人對社會福利的需要，協助申請有關的福利，給予精神上的支持與鼓勵，協助安排生命終結的計劃。
- **心靈輔導員**  
提供情緒、心靈和信仰的輔導，如有需要，替病人聯絡其宗教團體的探訪。
- **哀傷輔導員**  
提供哀傷輔導，舒緩病人和家人將要分離的悲痛。病人離世後，開導家人逐漸擺脫哀傷，重過正常積極的生活。
- **營養輔導員**  
指導營養餐飲。
- **義工**  
陪伴病人／家人，短暫替代病人的照顧者，代購必需品等。





### **Medical Social Worker**

Assesses the patient's psychosocial condition, helps to apply for appropriate benefits, offers emotional support and assists with end of life planning.

### **Spiritual Counselor (Chaplain)**

Provides spiritual counseling and connects patients to their religious community as needed.

### **Bereavement Counselor**

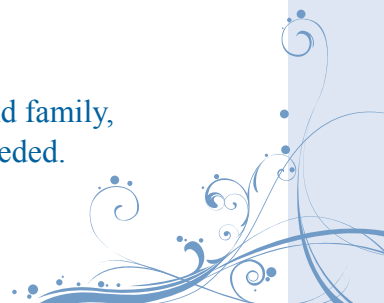
Assists patient, family and caregivers to come out of grieving, and to ensure that family members resume normal lives after the patient's death.

### **Dietary Counselor**

Assesses the patient's diet and provides dietary advice.

### **Volunteer**

Provides companionship to the patient and family, relieves caregiver, and runs errands as needed.



- **護士助理**  
提供病人的個人衛生料理，如梳洗，更換衣服、床單、尿片等。協助病人行走，轉換睡／坐姿，簡單運動，喂食等，並指導病人陪護有效的照料病人。
- **家務助理**  
協助簡單家務，如病人需要，代為準備簡單餐飲。
- **物理治療師**  
評估病人活動能力，訓練病人安全行動，指導病人的陪護協助病人走動、轉變體位的安全方法。
- **職業治療師**  
評估病人活動能力和浴室安全措施，並提供建議和訓練。
- **言語治療師**  
評估病人吞嚥反應，提供安全吞嚥的訓練和合適的餐飲。

**Hospice Aide**

Helps with patient's personal care such as bathing, shampooing, change of diapers/ clothing/ bed linen, assists patient with ambulation, exercises, feeding, getting up/down, and in/out of bed. The hospice aide also instructs and helps patient's caregiver in performing these tasks.

**Homemaker**

Helps with light housekeeping and basic meal preparation for the patient.

**Physical Therapist**

Assesses patient's mobility and gives safe patient transfer training.

**Occupational Therapist**

Assesses patient's mobility and gives instructions and training on bathroom safety.


**Speech-Language Pathologist**

Assesses swallowing reflex, trains patient how to swallow without choking, and gives instruction on appropriate diet.



## 六、可獲聯邦及州政府支付的寧養服務

- 護士
- 醫務社工
- 醫生：寧養服務病人指定的寧養服務醫生  
寧養服務的醫務顧問主任醫生
- 輔導員：心靈、哀傷、營養、膳食的輔導員
- 義工
- 護士助理
- 家務助理
- 治療師：物理、職業、言語治療師
- 醫療器材、用品，例如醫院床、助行器、輪椅、氧氣、尿片等。
- 處方藥物：舒緩與末期病患有關的疼痛和不適徵狀的處方藥。
- 短暫住院

MEDICARE			HEALTH INSURANCE
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY			
JANE DOE			
MEDICARE CLAIM NUMBER	SEX		
000-00-0000-A	FEMALE		
IS ENTITLED TO		EFFECTIVE DATE	
HOSPITAL (PART A)	07-01-1986		
MEDICAL (PART B)	07-01-1986		
SIGN _____			
HERE _____			
DO NOT SEND CLAIMS FOR PAYMENT OF MEDICARE BENEFITS TO THIS (4) ADDRESS			

## VI. Services Covered by Medicare/Medicaid Hospice

- Nursing care
- Medical Social Services
- Physician Services performed by:
  - Hospice attending physician as designated by the patient
  - Hospice Medical Director
- Counseling – spiritual, bereavement and dietary.
- Volunteer
- Hospice Aide
- Homemaker
- Therapists – Physical, Occupational and Speech.
- Medical supplies and equipment – diapers, oxygen, hospital bed, walker, wheelchair, etc.
- Prescription medications for pain relief and symptom management related to the terminal illness
- Short-term inpatient care





## 七、不屬聯邦及州政府支付的寧養服務

- 末期病患的治療或檢驗，其目的在於盡可能治癒或減慢病情惡化。
- 為舒緩其他一些疼痛和不適徵狀的藥物，與病人末期的病症無關。
- 急症室和住院，救護車費用\*  
\*由寧養服務安排的短暫住院服務除外。
- 老人院、療養院的食宿費\*  
\*州政府醫療保險提供住療養院的食宿費用。
- 任何與末期病患無關的檢驗、治療和護理。



## VII. Services NOT Covered by Medicare/Medicaid Hospice

- Tests and treatment intended to cure or slow down the progression of the terminal disease.
- Medication for pain control and symptom management **not** related to the terminal illness.
- Emergency Room and inpatient care **except** Respite Care and General Inpatient Care arranged by Hospice.
- Room and Board of board and care home or skilled nursing facility. \*
  - \* Medicaid covers room and board of a hospice patient living in a skilled nursing facility.
- Any treatment, test or nursing care, **not** related to the terminal illness.



## 八、寧養服務的費用

- 持有聯邦政府醫療保險 A 部份 (Part A -Hospital) 或州政府醫療保險的病人無論他們是否參加了HMO或PPO，接受寧養服務都是免費的（費用由聯邦或州政府支付）。
- 持有其它醫療保險的病人，費用就依照其投保的計劃而定。
- 沒有醫療保險的病人，可以自付費用。有些寧養服務機構，會為有經濟困難的病人酌量減費。

## VIII. Fees for Hospice Services

- **Patients with Medicare Part A (Hospital) or Medicaid Health Insurance**  
Hospice service is free, whether the patient has HMO or PPO.
- **Patients with other health insurance**  
Fees depend on the patient's health plan.
- **Patients without health insurance**
  - May receive hospice services as private pay patients
  - Some hospice agencies base fees on a sliding scale for patients with financial difficulties.



## 九、符合寧養服務的資格

符合寧養服務資格的病人必須具備以下的條件：

- a. 由兩位醫生證明該病人患有末期病症，按正常的病情惡化進度，餘生只有六個月或以下。
- b. 同意不再接受對該末期病患的治療。

接受聯邦或州政府提供的免費寧養服務，病人必須符合以上a和b的條件外，還必須符合以下c、d、e的情況：

- c. 享有聯邦政府醫療保險的A部份（Part A -Hospital）或州政府的醫療保險。
- d. 簽署選擇寧養服務的同意書
- e. 在接受寧養服務期間，放棄以下包括在聯邦及州政府醫療福利內的權利：
  1. 用於治療末期疾病以及相關疾病醫療服務的權利\*
  2. 接受同意書上指定的機構以外的其他機構所提供的寧養服務

- \* 與末期疾病無關的醫療費用，仍由聯邦或州政府醫療保險依其常規支付。
- \* 如果病人簽署退出寧養服務，聯邦或州政府醫療保險將即時恢復其原有的聯邦醫療福利。

# IX. Eligibility for Hospice

To be eligible for Hospice, a patient must:

- a. Be certified by two physicians that he/she is terminally ill with a life expectancy of six months or less, if the disease runs its normal course.
- b. Agree not to seek aggressive treatment for the terminal illness any more.

To be eligible for Medicare/Medicaid Hospice (free to its beneficiaries):

In addition to above requirements a and b, patient must also fulfill all of the following:

- c. Be entitled to Medicare Part A or Medicaid
- d. Sign a hospice election form
- e. During the course of hospice care, waive all rights to Medicare/Medicaid payment for-
  - 1. Any standard Medicare/Medicaid services that are related to the treatment of the terminal illness and its related condition. \*
  - 2. Hospice provided by anyone other than the hospice agency designated by the patient on the signed election form.

\* Regular Medicare/Medicaid coverage will still be available to a hospice patient for care not related to the terminal illness and its related condition.

\* If a hospice patient revokes hospice in writing (signs a revocation form), the Medicare/Medicaid coverage of benefits waived (when hospice care was elected) will resume.





## 十、誰決定病人應在甚麼時候接受寧養服務？

當醫生證實病人的病情已到末期，且生命只餘六個月或以下時，醫生會向病人建議寧養服務。當病人接受了末期病患的事實並選擇安祥的照顧，且明白常規的檢查和治療已對末期病患徒勞無益時，便是接受寧養服務的時候。

病人可能選擇即時接受寧養服務，以確保疼痛和不適來臨時得到及時控制。病人亦可能選擇在疼痛和不適的徵狀加劇後，才接受寧養服務。

假如病人神智清醒，接受寧養服務的決定權在患者本人，或由他／她指定的代表。

## X. Who Decides When a Patient Should Enter a Hospice Program?

When a patient has been diagnosed with a terminal disease, the physician may suggest hospice care to the patient. It is time to sign up for hospice when the patient has accepted his/her disease as being terminal and has decided to receive comfort care instead of aggressive treatment and tests.

A patient may choose to sign up for hospice right away in order to ensure pain and symptom control, or choose to wait until pain/symptoms become apparent.

The decision should be made by the patient if he/she is mentally competent, or by a surrogate appointed by the patient.



# 十一、 如何簽署接受寧養服務

- 病人、家屬或朋友，均可致電通知病人的醫生，告知病人希望接受寧養服務的意願。若病人或家人有意選擇某間寧養服務機構提供服務，可以同時告訴醫生。醫生便會聯絡該機構或本地其它的寧養服務機構。機構的職員便會與病人和家屬接洽，辦理有關手續。
- 病人、家屬或朋友亦可致電寧養服務機構，告知病人有意選擇寧養服務。該機構職員便會與病人的醫生聯絡，辦理手續。寧養服務機構得到醫生證實病人符合寧養服務的資格後，便即派註冊護士與病人／家屬聯絡，安排家訪。病人簽署同意書後，寧養服務即時生效。





## XI. How to Sign Up for Hospice

- The patient, family, and/or friend may call the patient's physician, informing him/her that the patient would like to sign up for hospice. If the patient and family have a particular hospice agency in mind, they should let the physician know at the same time. The physician will then connect the patient with a hospice agency or the agency designated by the patient/family.
- The patient, family, and/or friend may call a hospice agency stating that the patient would like to sign up for Hospice. The hospice agency will then contact the patient's physician for a referral. The Hospice Registered Nurse will call the patient or family to set up an evaluation appointment and admit the patient into hospice once the patient is certified eligible by the patient's physician and Hospice Medical Director.



# 十二、離世時的安排

## 選擇在何處離世

### ■ 選擇在家離世

家是病人的離世時最舒服及安心的地方。社工／註冊護士會給病人的家屬和照顧者一份說明書。該說明書提供有關死亡臨近的徵兆，並指導家人在這個時候如何對病人談話，以增強臨終病人的心理慰藉，以及應該預備的事情。社工和護士對家人詳細地講解該說明書的內容，以確保他們明白、熟悉和做好心理準備接受親人離世的事實。

### ■ 選擇不在家離世

可以有以下三種選擇：

- a. 如果病人持有州政府的醫療保險  
病人可以入住與寧養服務有合約的療養院，州政府會支付該病人的食宿費。寧養服務的社工會協助申請療養院的床位。寧養服務小組成員到療養院為病人提供寧養服務。
- b. 如果病人沒有州政府的醫療保險  
病人將近臨終時，寧養服務可轉送他／她入住與寧養服務有合約的療養院或醫院，為期不超過五天。住院費用由寧養服務計劃支付。
- c. 如果病人沒有州政府的醫療保險，而想入住療養院  
病人可以自付膳宿費而入住療養院或老人院，作為該院的自付費用住客。

# XII. End of Life Planning

# 35

## Choosing Where to Die

- **At home**

Home is the most comfortable and the least fearful place for a dying patient. Family and caregivers will receive information on the signs and symptoms when death is approaching and ways to communicate with the patient. Hospice Registered Nurse and Medical Social Worker will go through the information with family and caregivers to ensure that they are well prepared for the process.

- **Not at home**

There are three options:

- a. If the patient has Medicaid Insurance  
He/she may be placed in a skilled nursing facility, if a bed is available. Medical Social Worker can help the patient apply for placement. Medicaid will cover the cost of room and board, and the patient will receive hospice care during his/her stay in the facility.
- b. If the patient does not have Medicaid Insurance  
The patient may be transferred to a skilled nursing facility or hospital, for no more than 5 days, when death is imminent. Hospice covers the fees for these 5 days.
- c. If the patient does not have Medicaid insurance and wants placement  
Family may pay a Nursing Home or a Board and Care Home as a private resident.



## 殯儀事項的安排

當提及“喪禮”二字，普通人們都感到緊張，尤其是摯愛親人的喪禮，家人多因此而避免談論喪禮事宜，或／及拖延至最後一刻才做安排。其實能夠諮詢病者的意見，依照其意願，預先安排喪禮，既可使摯愛親人感受到尊重而可以寬心，亦可有充足的時間來作妥善的安排，並有利於舒緩精神上的壓力。

- 安排殯儀喪禮事項和費用，是家人的責任。如有需要，社工可提供殯儀館的資料。
- 如家屬有需要，心靈輔導員可以協助辦理追悼事宜。



## Funeral Arrangement

Talking about funeral for a loved one may be very stressful and, therefore, family tends to avoid talking about it and delay the arrangement until the loved one has passed away. Discussing funeral arrangement openly with your loved one and arranging it according to his/her wishes can actually be an emotional relief. In doing so, the funeral arrangement can be made without rushing, thereby reducing the level of stress for the family.

- Funeral arrangement and fees are the responsibility of the family. Hospice Medical Social Worker may provide information as needed.
- Chaplain may assist with memorial service.

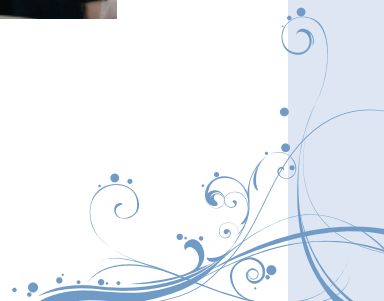


## 十三、哀傷輔導

在病人接受寧養服務期間，寧養服務的哀傷輔導員已開始輔導病人和家屬，以減輕他們將要與親人分離的傷痛。當病人離世後，哀傷輔導員會繼續聯絡家屬，為期起碼一年，以確保他們能從喪親的悲痛中走出來，逐漸復原，重過正常積極的人生。

## XIII. Bereavement

Bereavement counseling will be provided to hospice patient and family during the course of hospice care. After the patient has passed away, the bereavement counselor will continue to contact the family for a period of at least one year, to help them cope with their grief and resume normal lives.



## 十四、照顧病者的人員

當病人在家中不能安全地自理時，病人或家人必須安排一位，甚至多位陪護人員輪班照顧病人。病人陪護必須是自願樂意並具有照顧病人的能力。他／她未必懂得如何照顧病人，但寧養服務的註冊護士和助理，樂意給予指導。每次家訪時都會繼續督導，以確保病人得到適當的照顧。

寧養服務亦體恤陪護人員體力和精神上的健康。當他／她工作過勞，而家人又無法安排短暫替工時，寧養服務會協助家人，安排短暫替工，使他／她略作休息，恢復體力，以便繼續精心照顧病人。

### 照顧病人應有的心理準備

照顧病人不是一項簡單的工作。打理家務需要時間和精神，幫助病人定時服藥及照顧其個人衛生的任務也可能很吃力。在這段時間裡，照顧者需要調整個人的生活模式，包括放棄參加某些日常活動。此外，同時兼顧多項任務也可能造成一定程度的精神壓力。

### 如何有效地照顧病人

- 與病人保持密切聯係與良好溝通
- 給與病人精神上的支持
- 幫助病人解決未了心願
- 與醫療人員合作
- 準備好一張醫療資料單，放在易取之處。如：醫生的姓名及電話號碼，服用的藥物，等等。
- 接受家人和朋友的幫助
- 保持充足睡眠，注意自己的身體健康



# XIV. Role of the Caregiver

The Caregiver is a person who takes care of a hospice patient living at home. It is the responsibility of the patient and family to provide a capable and willing person to take care of the patient. The patient may have one or several caregivers who can take turns to care for him/her.

The Hospice Registered Nurse and Hospice Aide will teach the caregiver hands-on care and continue to coach the caregiver during their home visits to ensure proper care and safety. When needed, hospice also provides respite to relieve caregivers occasionally so they can rest and recover.

## **What caregivers should expect**

Providing the care for a patient can be difficult and exhausting. General homemaking activities take time and energy, and the personal care required for supervision of medications and maintenance of hygiene can be demanding. Adjustments in the patterns of daily living will be necessary, which may require you to give up some other activities during this period of time. The need to serve multiple responsibilities can also be emotionally stressful.

## **How to be a supportive caregiver**

- Communicate openly with the patient
- Support the patient's spiritual concerns
- Help to resolve the patient's unfinished business
- Cooperate with health professionals
- Keep a list of information nearby, such as doctors' names and numbers, list of medications
- Seek support from family and friends
- Get enough rest and take care of your own health



# 十五、常見誤解與疑問

問：接受寧養服務，便意味著放棄。

答：寧養服務不是要病人或 / 及家人放棄，而是鼓勵病人或 / 及家人面對現實。它協助病人減輕痛苦和各種不適，使病人可以積極面對人生，去完成未了的心願，享受餘下短暫的時光。

問：接受寧養服務是否不能再看醫生？

答：否。病人仍可繼續看該末期病症的主診醫生，以舒緩與末期病症有關的不適症狀。若出現與末期病症無關的病狀，病人可按其醫療健康保險規定，看其他醫生，或看急診，或入院治療。

問：接受寧養服務的病人，是否不能去急診室或 / 及入院治療？

答：根據個別不同情況而定：

- 若與末期病症有關的病況，除非自付醫療費用，否則病人不應去急診室。病人有不適情況出現，應電話通知寧養服務護士。寧養服務有24小時值班護士，負責接聽電話，指導和解答問題。必要時，亦會立即家訪，以解決問題和舒緩不適。所以無論任何時候，都可以與寧養服務護士聯絡。
- 若病況與末期病症無關 (即病人有其他的病)，病人可以去急診室求診，因為病人仍然享有原來的健康醫療保險給予的福利—依照所投保的醫療計劃而給予的醫療福利。

問：不送病人去急診室或入院搶救，便是沒有盡力協助病人活得長久些。

答：已經進入死亡過程的垂危病人 (經診斷是末期病症)，再接受急救治療，並非協助病人活得長久些，而只是延長其死亡過程，徒增不必要的痛苦。

## XV. Common Misconceptions and Concerns

Q. Does hospice mean giving up?

A. No, hospice does not mean giving up. It encourages hospice patients to look at life and death positively and help them live their remaining days to the fullest.

Q. Does it mean that a hospice patient can no longer see a doctor?

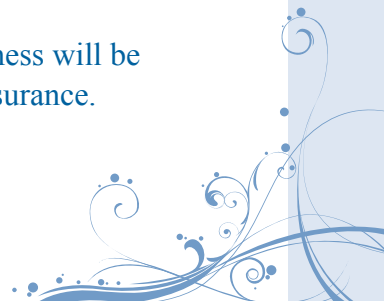
A. No, the patient can continue to see his/her attending doctor for the terminal disease and its related conditions for comfort purposes. For conditions NOT related to the terminal illness, he/she can see any doctor for treatment as long as it is covered by his/her health insurance.

Q. Does it mean that a hospice patient cannot be sent to the Emergency Room (ER)?

A. The hospice patient should not be sent to ER for conditions related to the terminal illness but should instead call the hospice nurse, who is on call around the clock. The nurse will make urgent visits at any time when needed.

Note that:

- You can send the patient to ER for conditions NOT related to the terminal disease.
- All illnesses except the terminal illness will be covered per patient's health care insurance.



問：聽說接受了寧養服務，病人很快便會死亡。

答：寧養服務不會，亦不可能縮短或延長生命。加入寧養服務很快便死亡的情況，是因為病人已經進入死亡邊緣才接受寧養服務，當然會很快死亡，與接受寧養服務無關。

問：若病人選擇了寧養服務，日後可否退出？

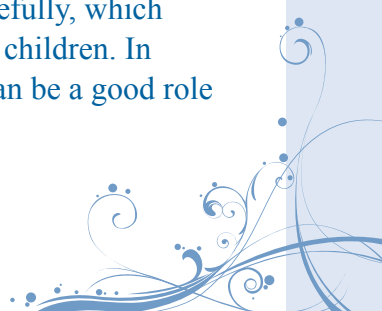
答：可以。只要病人的授權人簽署自願退出表格，便可退出。簽字後，立即生效，並即時回復原有的健康醫療保險應有的一切福利，(包括末期病症)。寧養服務當即終止一切服務。日後病人仍可要求並重新辦理手續，接受寧養服務。

問：不懂得或無時間照顧病人。

答：寧養服務人員會指導家人如何照顧病人，如何與病人交談，使病人感覺舒服和得到安慰，如何觀察病情，以及如何與寧養服務人員聯絡。他們密切地與家人重溫這些技能，使家人有能力、有信心去照顧病人。至於時間，若家人願意，可安排家人輪流放短假照顧摯愛的親人。

問：不想讓孩子看到不愉快及受驚的場面。

答：接受寧養服務的病人都會保持應有的尊嚴，平靜安祥地走完生命的最後一程。離去時不會有惊吓的情景出現，所以家人，包括孩子都不會受驚。其實，能盡心親力照顧、陪伴送別摯愛，孩子看在眼裡，記在心頭，亦是正面的模範教育，孩子亦學會將來悉心照顧父母。

- Q. Does not sending the patient to the ER mean not helping him/her?
- A. No. When the patient is dying, receiving ER treatment does not help the patient live longer but prolongs the dying process instead.
- Q. I heard that once you sign up for hospice, the patient dies very soon?
- A. No, hospice does not prolong nor shorten a patient's life. If a patient passes away soon after starting hospice, it is due to the fact that the patient had waited until his last days to sign up.
- Q. Can patients revoke from hospice?
- A. Yes, patients may revoke from hospice anytime. Once a patient signs a revocation form, he/she will resume regular Medicare coverage through his/her health insurance for the terminal illness and its related conditions.
- Q. We do not have time to stay at home with the patient the whole day.
- A. Family members can take turns to care for the patient and show their love for him/her.
- Q. We do not want our young children to have the frightening experience of witnessing a death.
- A. Hospice patients usually pass away peacefully, which does not pose a frightening scene for the children. In fact, taking care of the patient at home can be a good role model for the children.
- 

問：恐怕鬼魂會回來。

答：如果已經全心全力地照顧病人，使他／她得以舒服地走過終點，安心離去，則它必是愉快安祥的鬼魂，即使回家，亦只是帶著感激的心情來探望和幫助家人，而非搗亂，所以，又何須驚怕。愛心加孝心，鬼魂亦覺親。

問：恐怕將來賣房子時，賣價被壓低。

答：如買主是洋人，他們是不會介意和因此而壓價的。若在病人去世三年後才賣，即使買家是亞裔，賣價通常也不受影響。

問：若病人已接受了州政府給予低收入輔助的家居助理(IHSS)，該項輔助會否因寧養服務提供了家護助理而被取消或削減？

答：不會。寧養服務是額外的服務，與IHSS無關。



- Q. We are afraid that the spirit of the departed will come back.
- A. The spirit would only be a thankful one because he/she had been treated with love and care and was able to leave the world with peace and dignity.
- Q. Is it difficult to sell the house at current market price if a death has occurred?
- A. Most homebuyers in the United States are not bothered by it. If the house is sold 3 years after the patient's death, the price is usually unaffected, even among Asian buyers.
- Q. If the patient already has IHSS (In Home Support Service) from Medicaid, would the hours be reduced or discontinued since hospice sends in CHHA (certified home health aide) for the patient's personal care?
- A. No, hospice services including CHHA service will not affect IHSS. The patient will continue to receive the same hours of IHSS.





# 十六、選擇寧養服務機構時須知

- ☑ 機構的營業歷史
- ☑ 是否有州政府授權的營業執照
- ☑ 是否符合聯邦醫療保險認證資格
- ☑ 接受哪些醫療保險
- ☑ 寧養計劃提供什麼服務
- ☑ 是否缺少一些與寧養服務相關的項目
- ☑ 親友在照顧患者上需履行的任務
- ☑ 寧養服務人員為患者與家人提供什麼幫助
- ☑ 哪些項目需要自費
- ☑ 寧養服務人員多久進行一次家訪
- ☑ 如有需要，在晚上和周末可聯絡哪些工作人員
- ☑ 該機構裏是否建有住院設施
- ☑ 在喪禮安排上會否提供協助
- ☑ 在患者過身後，會否提供哀傷輔導



## XVI. Questions to Ask When Choosing a Hospice Program

- ✓ How long has the hospice been in operation?
- ✓ Is the hospice licensed by the state?
- ✓ Is the hospice certified by Medicare?
- ✓ What kind of insurance is accepted?
- ✓ What services does the hospice provide?
- ✓ What, if any, hospice services does the hospice not provide?
- ✓ What are the family's responsibilities?
- ✓ How does the hospice staff assist the family?
- ✓ Are there any out-of-pocket charges?
- ✓ How often does hospice staff make home visits?
- ✓ Who provides on-call coverage during nights and weekends?
- ✓ Does the hospice have an inpatient facility?
- ✓ Does the hospice provide funeral arrangement support?
- ✓ What bereavement services are provided?



## 十七、寧養服務資訊

- **美國癌症協會** (American Cancer Society)  
<http://www.cancer.org/> 800-227-2345
- **美國寧養服務基金會** (Hospice Foundation of America)  
[www.hospicefoundation.org](http://www.hospicefoundation.org) 800-854-3402
- **寧養服務聯網** (Hospice Net)  
<http://www.hospicenet.org/>
- **寧養患者聯盟** (Hospice Patients Alliance)  
[www.hospicepatients.org](http://www.hospicepatients.org) 616-866-9127
- **全國寧養服務及安寧療護組織**  
(National Hospice and Palliative Care Organization)  
<http://www.nhpco.org> 800-658-8898
- **安老自助處** (Self-Help for the Elderly)  
<http://www.selfhelpelderly.org> 415-677-7628  
(雙語電話服務)
- **寧養機構網上目錄** (Hospice Directory)  
<http://www.hospicedirectory.org/>

## XVII. More Information on Hospice

- **American Cancer Society**  
<http://www.cancer.org/> 800-227-2345
- **Hospice Foundation of America**  
[www.hospicefoundation.org](http://www.hospicefoundation.org) 800-854-3402
- **Hospice Net**  
<http://www.hospicenet.org/>
- **Hospice Patients Alliance**  
[www.hospicepatients.org](http://www.hospicepatients.org) 616-866-9127
- **National Hospice and Palliative Care Organization**  
<http://www.nhpc.org> 800-658-8898
- **Self-Help for the Elderly**  
<http://www.selfhelpelderly.org> 415-677-7628  
(Chinese services available)
- **Hospice Directory (to locate a Hospice agency)**  
<http://www.hospicedirectory.org/>





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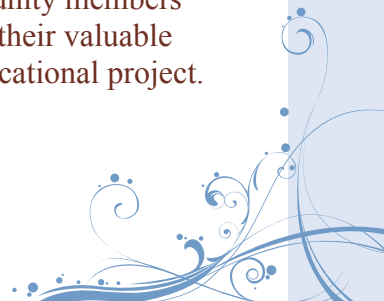
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- Yuk Hing Leung

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