



Compassionate Care for Every Journey

UNDERSTANDING YOUR CARE OPTIONS

Palliative Care & Hospice Care:

Two Compassionate Paths to Comfort and Dignity

When a serious illness enters a life, questions about the best kind of care can feel overwhelming. Two compassionate approaches — palliative care and hospice care — are designed to bring relief, dignity, and meaningful support to patients and families during some of life’s most challenging moments. While they share the same heart, they serve distinct needs at different points along the journey.

At Comfort Hospice, we believe every person deserves care that honors their values, preserves their comfort, and surrounds them with compassion. This guide is written to help patients, families, and caregivers understand what makes each approach distinct — so you can find the right support at the right time.

PALLIATIVE CARE

Comfort alongside treatment at any stage of illness

HOSPICE CARE

Dignity and peace during the final chapter of life

“Both begin and end with the same commitment — your comfort, your dignity, your peace.”

A Side-by-Side Comparison

How Palliative Care and Hospice Care Differ — and Where They Share Common Ground

| Topic | Palliative Care | Hospice Care |
|---------------------------------------|---|--|
| What Is the Focus? | Addresses pain, discomfort, and the emotional weight of serious illness at any stage — whether the patient is actively receiving treatment or living with a long-term condition. The goal is to maximize quality of life from the moment of diagnosis onward. | Centered on comfort and dignity during the final chapter of life, when curative treatment is no longer being pursued. The emphasis shifts entirely to easing symptoms and providing meaningful support to both patient and family. |
| Who Qualifies? | Open to anyone facing a serious illness, regardless of age, prognosis, or stage of disease. There is no requirement to stop any current treatment. | Designed for individuals whose physician estimates a life expectancy of approximately six months or fewer, should the illness run its natural course. Enrollment involves a decision to prioritize comfort over curative treatment. Benefit periods may be renewed repeatedly. |
| Can Active Treatment Continue? | Yes. Palliative care is designed to complement — not replace — active medical treatment. Patients may continue chemotherapy, dialysis, surgery, or any other prescribed therapy alongside palliative support. | Curative treatment for the primary illness is set aside. However, medications that support quality of life — such as those managing pain, anxiety, or other conditions — remain a standard part of the care plan. |
| What Services Are Included? | Pain and symptom management, coordination across the care team, emotional and spiritual counseling, guidance on care planning and treatment decisions, help navigating insurance, and referrals to community resources. | Around-the-clock nurse availability, comprehensive pain and symptom control, medication and equipment delivery, caregiver coaching and respite care, spiritual care, grief counseling, and short-term inpatient admission during acute symptom crises. |
| Where Is Care Delivered? | In virtually any care setting: at home, in a hospital, skilled nursing facility, assisted living community, outpatient clinic, or long-term care facility. | Wherever the patient is most comfortable — typically at home, in a nursing or assisted living facility, or at a dedicated hospice residence. Brief hospital stays are available when symptoms temporarily require a higher level of care. |
| Who Is on the Care Team? | A multidisciplinary team — often led by a physician or nurse practitioner — working in close coordination with the patient's existing doctors and specialists. Social workers and chaplains offer additional support. | A dedicated interdisciplinary team including a hospice physician, registered nurses, certified nursing aides, social workers, chaplains, and trained volunteers. The patient's personal physician may also remain actively involved. |
| How Is It Paid For? | Covered through Medicare Part B, most Medicaid plans, and the majority of private insurance policies. Veterans may qualify for support through VA benefits. Co-pays and coverage limits vary — check with your provider for details. | The Medicare Hospice Benefit covers virtually all costs related to the terminal diagnosis, including medications, equipment, and nursing visits. Medicaid and most private insurers offer comparable coverage. Speak |

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| | | with your hospice team to clarify the specifics of your plan. |
| How Long Does It Last? | There is no time limit. Palliative care continues as long as the patient needs it and typically becomes more intensive as the illness advances. | Available for as long as a physician certifies that the patient meets eligibility criteria. Benefit periods can be renewed indefinitely. Patients who stabilize or improve may leave hospice and re-enroll later if their condition changes. |

Knowing When to Ask for Help

Recognizing the right moment makes all the difference

| Consider Palliative Care When... | Consider Hospice Care When... |
|---|--|
| <ul style="list-style-type: none"> ▶ A new serious illness has been diagnosed ▶ Pain or symptoms are affecting everyday activities ▶ Treatment decisions feel overwhelming or unclear ▶ Emotional, psychological, or spiritual support is needed ▶ Care is fragmented across multiple specialists ▶ A family caregiver is showing signs of stress or exhaustion | <ul style="list-style-type: none"> ▶ A physician estimates a life expectancy of six months or fewer ▶ Treatment is no longer providing meaningful benefit ▶ Comfort and quality of life have become the primary goals ▶ The patient wishes to spend time at home or in a familiar setting ▶ Family needs structured support, guidance, and grief preparation ▶ Hospital visits are increasing with diminishing returns |

The Continuum of Compassionate Care

Palliative care and hospice care are not opposing choices — they are connected parts of a continuum designed to serve patients at every stage of a serious illness. Many individuals receive palliative support for months or years before transitioning naturally to hospice when the time is right. Both exist to ensure that no one faces serious illness alone, and both reflect the same fundamental belief: every life deserves to be honored with dignity and care.

We Are Here for You

Every family’s journey is unique. The right care is the care that aligns with the patient’s wishes, values, and goals — and brings the most peace and comfort to everyone involved. Our team at Comfort Hospice is here to listen, to answer your questions, and to walk alongside you every step of the way.

You do not have to navigate this alone. Reach out to us today and let us help you find the clarity and compassion you deserve.

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| <p>Contact Comfort Hospice Phone: (215) 764-3610</p> | <p>Our Services</p> <ul style="list-style-type: none"> ▶ Palliative Care Support |
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Email: info@mycomforthospice.com
Website: www.mycomforthospice.com

- ▶ Hospice Care Services
- ▶ Bereavement & Family Support



You Don't Have to Navigate This Alone

Our care team is here to guide you every step of the way with compassion, clarity, and immediate support.

- 24/7 access to real people, not call centers
- Immediate admission support and coordination
- Compassionate guidance for families and patients

Contact us at (215) 764-3610

