

**3** Is Palliative Care Right for You

**5** Beneficial Walking for Seniors



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## 12 Myths About Hospice Care

### **Myth #1: Hospice means giving up**

In order to enter hospice treatment, a patient must first be diagnosed by a physician to have a likelihood of living for six months or less. Patients are then treated for comfort and not for a cure. Because of this, the most common misconception about hospice for patients and their families is that entering hospice means giving up on life. But hospice doesn't mean giving up—hospice means getting more.

Patients in hospice—and their families—receive personalized care and support wherever they call home. It's a specialized type of care designed to sup-

port the most difficult times in patients' and families' lives, and help guide them through complicated decisions with expertise, experience, and deep compassion. In short, hospice means calling in reinforcements for the journey ahead, and making the most of patients' and their loved ones' time together.

### **Myth #2: You need a doctor's referral to receive hospice care**

Unlike homecare, hospice care does not require a doctor's referral. Anyone who has concern or cares for a patient can refer them into hospice care, including immediate family or caregivers. In

fact, patients can even refer themselves for hospice care.

**Myth #3: Hospice means the patient no longer has a say in their care**

In this myth, some imagine that hospice patients are released from hospitals into the strict directives of physicians or family members, and that they no longer have the power to make decisions or choices about their care or life. In truth, hospice is built on the foundation of patient personalization, empowerment, and teamwork. We're here to deliver medical, physical, emotional, and spiritual support in unity with our patients' needs.

**Myth #4: Once you are in hospice care, you stay in hospice care**

An extremely common misconception about hospice is that once patients enter hospice care they are unable to seek other methods of care, such as hospitalization, and/or are unable to leave hospice care altogether. Patients have many choices in their care once admitted into hospice, and if a patient leaves hospice they can be readmitted if a provider once again determines they are eligible.

**Myth #5: Hospice is expensive**

Recognizing that "expensive" is sensitive and different for each of us and our individual circumstances, we find that patients and their providers can be hesitant at first to utilize hospice care because they are unaware of its costs and coverage.

It's also important to understand what is included in the hospice services benefit and the important value those services bring to the patient. Hospice provides all services to manage their illness symptoms, including physicians, nurses, social workers, aides, spiritual care, music and massage therapy, as well as medication, supply, and equipment management, and more. The team is committed to ensuring patients and their families understand hospice care is covered by most private insurance carriers, Medicare and Medicaid.

**Myth #6: Hospice provides support only for the patient**

Hospice care is for patients and their families and friends. Some of the greatest benefits hospice provides in addition to its comforting care for the patient is the peace of mind families and friends receive knowing their loved one is in good hands.

Even more, hospice provides families and friends with support during the patient's life and after, with advance planning, counseling, respite, bereavement services, and more.

**Myth #7: There is no difference between hospice and palliative care**

Patients with chronic and debilitating illness—and their providers—should be aware of their specialized options for care. Hospice and palliative care are often confused for the same type of treatment because both provide comfort care for patients wherever they call home. However, there is one key difference in these types of care. Hospice care is comfort care for patients with life-limiting illness that provides treatment for symptom relief—but not to cure the illness. Palliative care, on the other hand, provides comfort AND treatment for the illness.

**Myth #8: Hospice patients must sign a "Do Not Resuscitate" order**

A DNR—or, "Do Not Resuscitate"—order is NEVER required during hospice care at any time. A hospice patient's only requirement to qualify for care is that they have received a prognosis of six months or less to live.

**Myth #9: Hospice can be provided only for six months**

Although patients qualify for hospice by a prognosis of life-limiting illness of six months or less, hospice care will continue for as long as the patient qualifies with a terminal prognosis.

**Myth #10: Hospice is only for cancer patients**

Hospice is not just for patients with

terminal cancer. Cardiovascular disease, stroke, dementia, Alzheimer's, and ALS (Lou Gehrig's disease) are other common diagnoses, but hospice care is available for anyone with a doctor's prognosis to live for six months or less.

**Myth #11: Hospice care ends with the patient**

Hospice care provides comfort, support, and dignity to those with a life-limiting illness focused on making the most of the patient and their loved ones' time together. When their time together does come to an end, hospice care does not.

Hospice continues to provide compassionate support for the immediate family and provides bereavement services for at least a year.

**Myth #12: Hospice is a place**

Hospice is not a facility like a hospital or nursing home—though it can be provided there. Hospice care is special—it can be provided wherever a patient calls home. Hospice serves hundreds of patients in hundreds of different locations every single day across the country and worldwide. It can help, wherever you are.



## Is Palliative Care Right for You

**P**alliative care is an approach to care that focuses on improving the quality of life for patients and their caregivers coping with a life-threatening illness or injury. Palliative care centers on preventing, diagnosing, and treating physical, emotional, social and spiritual sources of distress. It is important to know that although hospice is a form of palliative care, palliative care is not hospice. While hospice is designed to meet the needs of patients at the end-of-life, palliative care may be given at any time during an illness or injury, from the point of diagnosis onwards.

**Palliative Care:**

- Uses the expertise of a multidisciplinary team (physicians, nurses, social workers, chaplains) to comprehensively address the needs of a patient
- Provides support to help patients live as actively as possible
- Incorporates emotional and spiritual support into patient care
- Provides a support system to help the family cope during the patient's illness or injury
- Can be incorporated early in treatment, as well as during the end of life
- Is not prognosis or diagnosis dependent

- Is attuned to providing care that is aligned with the patient's values and goals
- Patients can receive palliative care services through different ways. Learn about the different types of palliative care below.
- Frontline Healthcare Providers and Specialists
  - Palliative Care Centers
  - Community-based Programs
  - Home-based/Hospice Care

## **Frontline Healthcare Providers and Specialists**

When diagnosed with a serious, life-threatening illness, patients are encouraged to speak with their healthcare provider about their illness or injury and what to expect. For patients experiencing distressing symptoms, healthcare providers should discuss the benefits of incorporating palliative care along with their treatment. All providers who care for patients with serious, life-threatening illness or injury should have the skills to provide basic, primary palliative care.

Patients need quality pain and symptom management while they pursue treatment for their serious illness or injury. This helps maximize function, independence and quality of life for as long as possible.

By taking advantage of palliative care early, patients achieve better quality of care and decrease the need for crisis care in the future.

Though early use of palliative care can improve quality of life, if illness or injury progresses and symptoms become more difficult to manage, patients may need to speak with an expert or seek specialist-level palliative care services. Specialist-level palliative care can be integrated along with treatment and in close collaboration with the patient's primary team of regular providers. Typically, a palliative care team includes a doctor, an advanced practice nurse, a social worker and a chaplain, all with specialty training in palliative care.

## **Palliative Care Centers**

Palliative Care Centers refer to centers where specialist knowledge about palliative care is practiced, researched, and taught.

In this delivery method, palliative care is delivered by specialized teams with expertise in advanced pain and symptom management. They work with the patient's primary care team to align treatment options with the patient's goals of care, and to help create care plans that ensure safe discharge and minimize the risk of readmission.

With this approach, depending on the preferences of the referring doctor, the palliative care team either provides guidance as consultants to the patient's primary team, or in some cases assumes primary oversight of the patient's care.

## **Community-based Programs**

Community-based palliative care can include a variety of care models designed to meet the needs of seriously ill patients outside of the hospital setting. It can be delivered at home, nursing homes and assisted living facilities, outpatient clinics, and medical offices.

## **Hospice Care**

Hospice care is palliative care specifically designed for the last 6 months of life. Quality, compassionate care for people facing a life-limiting illness or injury is the hallmark of hospice care. Hospice care involves a team-oriented approach to expert medical care, pain and symptom management, and emotional and spiritual support tailored to the person's specific needs and wishes. Care and support is also provided to the person's loved ones during the illness, and in the bereavement period.

Whenever possible, people who choose hospice care continue to live in the comfort of their own homes in the care of those who know and love them best. However for those whose needs cannot be met at home, hospice care is provided in assisted living, nursing, hospital, and in-patient hospice facilities. Hospice is patient/family-centered and promote comfort and quality of life rather than curative treatment when the life expectancy of a patient is considered to be 6 months or less.

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*Virginia Department of Health*





## Why Walking is Beneficial for Seniors

Long ago, walking was basically the only form of transportation humans had. Going from one place to the next meant using our own two feet to get there, but luckily, our bodies are designed for walking. As time passed, we found new ways to get around a bit more quickly, from horses and bicycles to cars and Segways. Today, most people even search for the closest parking spot to the door when heading to the grocery store, just to avoid a long walk to get inside!

However, there are certain benefits of walking- especially for seniors- that cannot be denied. Adding at least 30 minutes of walking to your daily routine not only helps you avoid a sedentary lifestyle, but improves your health in more ways than one!

### Benefits of Walking for Seniors

Experts have said that walking could be the best exercise for seniors; it's an effective way to reduce the risk for chronic conditions and improve your overall health. Some of the benefits of walking for seniors include:

**Improves heart health.** For seniors, walking offers numerous heart health benefits. Getting your heart rate up daily leads to a reduction in the risk for high blood pressure and high

cholesterol, and even coronary heart disease.

**Lowers blood sugar.** After eating, taking a 15-minute walk has been shown to reduce the after-eating spike in blood sugar some seniors can experience. Your body is using blood sugar more effectively to strengthen muscles, and insulin works better, too.

**Reduces pain.** Studies have shown that walking helps reduce some pain due to chronic conditions like arthritis. Some seniors experience lower back pain, and walking even just three times a week for around 20 minutes can help strengthen abdominal and back muscles to decrease chronic back pain.

**Low participation cost.** After you've invested in a good, sturdy pair of shoes, you can walk basically anywhere- for free! When the weather permits, head to the park for a stroll on the path or simply walk around your neighborhood. If it's too cold or rainy to go outside, head to a shopping mall instead.

**Promotes social engagement.**

Walking offers an easy way for seniors to meet up with others, whether you join a walking group with friends or simply engage with neighbors while out on your daily walk. You can meet

new people and enjoy your environment each day.

**Boosts mental health.** A daily walk can help you feel more positive about life. The endorphins released during physical activity create a sense of well-being, reduce anxiety and boost your mood.

### How to Add Walking to a Daily Routine

The most basic goal in a rehabilitation program is to get people on their feet and walking again. After hip replacement surgery, for example, patients are asked to get out of bed and start walking to help promote blood circulation and prevent muscles and joints from seizing.

It's a low impact way for seniors of all ages to improve cardiovascular fitness and strengthen muscles and bones.

Incorporate walking into your daily routine and start reaping the benefits! Get a pair of supportive, sturdy sneakers, lace them up, and then choose a familiar route that is free of obstacles. Make sure the surface is smooth and soft to put less strain on your joints. Start off slowly with a 10-minute walk and then gradually increase the time and your pace. Dress appropriately for the weather, and don't forget to stay hydrated! If you feel any pain during your walk, stop and take a break, and consult your physician if any pain continues.



## 7 Scientific Health Benefits of Oatmeal

**O**atmeal seems so innocent, but it's actually one of the more polarizing breakfasts. On one hand, it's gained a reputation as this uninteresting, gluey, plain slop sprinkled with raisins. On the other, social media has raised up oatmeal as something droolworthy, piled high with pretty toppings. (Go search #oatmeal on Instagram right now.)

What's more, oats are naturally gluten-free, making them a good source of carbs for people with specific dietary needs (such as those with celiac disease), says Hultin. (Some oats can still contain

traces of gluten, however; according to the Celiac Disease Foundation, so always check the brand you're buying.)

Next time you're planning breakfast and considering oatmeal, keep these seven potential perks in mind:

### 1. Oatmeal Provides a Stellar Source of Fiber

A bowl of oats can help you consume the recommended amount of fiber per day. Most Americans are eating just half of that, points out the International Food Information Council Foundation. With 4

g of fiber per cup, cooked oatmeal covers about 14 percent of the daily value (DV) of this nutrient, making it a good source, according to the USDA. Eating a diet rich in whole grains and other food sources of fiber has been shown to be protective against cardiovascular disease, type 2 diabetes, and breast, colon, and rectal cancers, according to one study.

## 2. Oatmeal Is a Blank Canvas for Nutritious Toppings

A bowl of oats is rich in carbs, so to make your morning meal more balanced, you can add toppings that are packed with protein and healthy fat, says Hultin. Try nuts like walnuts, almonds, or pecans; nut butter like almond or peanut butter; or seeds like chia, hemp, or ground flax. “These add protein, unsaturated fats, and even more fiber,” she says. Fresh fruit is another option — try sliced strawberries, blueberries, or raspberries for additional nutrients and fiber, per the National Institute on Aging.

## 3. Oatmeal Can Bolster Digestive Health

The fiber in oats is good for your overall health, but it’s particularly important for a well-functioning digestive system, points out the National Institutes of Health (NIH). Not only do oats provide insoluble fiber, which promotes regularity, but also soluble fiber, according to Mayo Clinic.

## 4. Oatmeal Can Help Lower Cholesterol

Oats pack a particular soluble fiber called beta-glucan, notes one review. “The soluble fiber in oats has been shown to decrease cholesterol. It acts like a Roto-Rooter to clear out cholesterol that may be building up in arterial walls. Daily intake of 3 or more grams of beta-glucan was found to lower LDL (“bad”) cholesterol compared with control groups, according to a meta-analysis of 28 randomized controlled trials. An elevated LDL cholesterol level raises your risk of heart disease, notes the American Heart Association (AHA). Oatmeal’s cholesterol-lowering benefit is one reason people who eat oats are 14 percent less likely to have cardiovascu-

lar disease compared with oat-avoiders, research shows.

## 5. A Bowl of Oatmeal May Help Reduce Belly Fat

Another win for oatmeal’s soluble fiber: It may help reduce visceral fat, the type of fat in your midsection that hugs your organs and raises your risk of heart disease and stroke — even if your body mass index is deemed normal, notes the AHA. According to a study that looked at adults who have type 2 diabetes, oats helped reduce blood sugar, blood lipids, and weight better than a control group that ate a healthy diet but no oats. Snyder points to research that looked at a variety of lifestyle factors that lead to a reduction in visceral fat and prevented its accumulation over the years: “They found soluble fiber was one of the biggest things that helped clear out fat stores in this area,” she says.

## 6. Oats Can Help Energize Your Body and May Boost Its Immunity

When you belly up to a bowl in the morning, you’re serving up B vitamins, plus minerals including manganese, iron, magnesium, and zinc, says Hultin. For example, 1 cup of cooked oats has about 2 milligrams (mg) of iron, or 11 percent of your DV, per the USDA. As the NIH points out, iron energizes the body and helps trigger the process of carrying oxygen through your body from your lungs.

## 7. Oats Are Packed With Antioxidants to Help Protect Against Disease

Often, you think about fruits and veggies offering disease-fighting antioxidants, but your bowl of oatmeal is brimming with them, too. Hultin points to a study that shows that oats contain a range of antioxidants that, among other functions, improve the gut microbiome to boost health and potentially reduce the risk of chronic disease. “My specialty is working with people with cancer and other chronic diseases, and I often recommend oats for the healthful nutrients and antioxidants they provide,” she says. But did you really need another reason to grab a spoon?



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