
Introducing Palliative Care to Members: A Guide for Referring Providers and Staff

This guide provides a quick reference to language you might use to introduce palliative care, general tips for these conversations, and common questions that come up when speaking with patients or caregivers.

Please see separate guide for information about the Medi-Cal palliative care benefit.

Key Resource: Video [“Introducing Palliative Care: Provider and Patient”](#)

How to Introduce Palliative Care

Suggested language – one example:

“Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. It provides an extra layer of support for both patients and families, alongside other medical treatments.”

Key points

- *Expect that the patient may be learning about palliative care for the first time.* Many patients may never have heard the term “palliative care.” When you suggest palliative care, you will often need to ask, “Have you ever heard of that before?” If the patient hasn’t heard of palliative care, take a moment to tell them what it is, and answer any questions they have.
- *What the member can expect with palliative care:*
 - Help with assessing and managing symptoms related to their illness, alongside their other medical providers
 - Regular contact with a specially trained team that may include physicians, nurses, social workers, and other staff who help provide an extra layer of support for you and your loved ones
 - Help with connecting you with other services that some people need, like getting caregiving help, or other things like transportation or food access
 - Extra support for you or your loved ones in making choices about your medical care, if it feels confusing or stressful
 - Care is coordinated with your existing providers who will continue to play important roles in your care
- *Personalize your suggestion.* What aspects of palliative care do you think this patient might benefit from (for example, pain or other symptom management, making sure that their life priorities are guiding the care plan, help with psychosocial stressors)? When you’re communicating with the patient, *be specific about how palliative care can help them.* **When palliative care is recommended by a trusted provider, patients are often far more likely to accept the service.**
- *They may have questions or concerns about why they’re being referred or what this means (e.g., “I’m not dying!”).* Because some people confuse palliative care with hospice, patients may fear that the referral to palliative care means they only have a short time to live, or that they need to give up other medical treatments when they start getting palliative care. It is important to respectfully correct this misunderstanding.
- *Give them time.* Since this is a new idea for many people, they may want to think about it before choosing to enroll. A follow-up visit or call, either from you or from the palliative care team, may help provide the space and time for them to be ready to accept the service

- *Suggest next steps.* For example, a next step toward considering enrollment might be a follow-up call from you or from the palliative care team. If the patient is open to contact with the palliative care team, it is particularly helpful to do a “warm hand-off” by contacting the team to share specific needs the patient has, so they can follow up.

Frequently Asked Questions About Palliative Care

Patient Question or Concern	Suggested Response
Will I have to give up my doctors or any of the treatments I’m getting?	Not at all. Palliative care is an <i>extra</i> service that you get in addition to the treatments you’re getting for your [serious illness or illnesses]. In fact, palliative care can often help people handle the effects of their illness better, so that they can continue with treatments as long as they’re helping.
Isn’t palliative care for people who are close to the end (or dying)?	Actually, palliative care is helpful and available for anyone dealing with a serious illness. Our hope is that people get it early on, even when they’re first diagnosed, to help them deal with the stress of serious illness and treatment. You may have already gotten early palliative care – for example, help with pain management or making sure certain treatment options were the right fit for you. Sometimes people need palliative care specialists, who have even more expertise in helping with these things.
I (or my family) don’t like to have medical people come into my home.	I have heard that from other patients, too. Our palliative care partners have actually developed a lot of ways to help remotely, like by phone or video. They still may be able to help you, if you’re open to hearing more.
How much will this cost me?	Palliative care team visits, calls, and support are all 100% covered by your plan.
I don’t think I need this right now.	<i>[Recognize that the member either doesn’t understand what palliative care is, or they need more time.]</i> <i>Option 1 (you have not yet explained palliative care):</i> That is absolutely fine; the decision is always up to you. Is it OK if I ask what makes you say that you don’t think you need palliative care? <i>Option 2 (you already explained what palliative care is):</i> OK, I’m glad that you feel like all of your needs are being met right now. If at some point later on, you feel like you could use some extra support, feel free to let me know, and we can see how this program or our other programs might be able to help you.

Credits

The Introducing Palliative Care Video Series and Supplemental Materials were developed by Anne Kinderman, MD, Clinical Professor of Medicine, University of California, San Francisco, for the Coalition for Compassionate Care of California. Funding for the project was generously provided by the California Health Care Foundation.