



Myths and Facts about Hospice Care

Clearing up misconceptions about what hospice care is and is not.

We answer the myths with the facts about hospice care. Hospice is specialized end-of-life care that addresses patients' needs in order to enhance their quality of life. Care is provided by a team of health professionals, skilled in controlling the patient's pain and symptoms related to their illness and providing comfort and support to the entire family.

MYTH

Hospice means giving up hope.

FACT

Hospice does not mean giving up hope, but can help people revise what they may hope for. Hospice focuses on maximizing the quality of life based on an individual's choices, so that the person may live life as fully as possible for as long as possible.

If a patient goes on hospice, the only outcome is death.

Some patients' illnesses and symptoms subside to the point that they may be discharged from hospice care. They can then be re-admitted later when necessary.

You can't keep your own doctor on hospice.

Most hospices establish working relationships with a large base of referring physicians so that patients can keep their own doctors even after admission to hospice care.

Hospice is only for cancer patients.

Hospice care is available to all terminally ill people and their families, regardless of diagnosis. Some of the most common non-cancer diagnoses are congestive heart failure, dementia, and chronic lung disease.

It is too early for hospice if the patient feels good or doesn't have pain.

The patient's prognosis, along with a desire for comfort care and support, should justify a hospice referral.

Hospice is useful only when someone needs heavy-duty pain medications, like morphine.

Hospice care is designed to maximize the quality, relationships and experience at the end of one's life. This is accomplished by the provision of not only medical care, but also social, psychosocial and spiritual support, given by an interdisciplinary team that includes a hospice physician, nurse, counselor, chaplain and other professionals.

MYTH

FACT

Hospice provides 24-hour, around-the-clock care.

Hospice care is provided during regular, intermittent visits, with a nurse available by phone 24 hours a day, seven days a week. If needed, hospice can help the family arrange for a round-the-clock, private-duty care attendant.

You must have a DNR to be admitted onto hospice services.

While the DNR (Do Not Resuscitate) order can be a useful tool for some, it's not a required document for admission to hospice care.

Patients can't receive curative treatments while on hospice.

While the Hospice Medicare Benefit requires patients forego curative treatments, some hospices accept patients receiving aggressive therapies aimed at managing or alleviating their pain or symptoms.

All hospice care is the same.

Even in the same community, hospice programs vary, particularly in the types of palliative, comfort care offered to the patient and the range of support services. Check with your doctor or contact your local hospices for details.

Hospice is only for the sick family member.

The hospice care team helps all family members and caregivers cope emotionally during this difficult time, while providing the education they may need to best care for the patient. Hospice also offers grief counseling support before and after a loved one's death, with some services free of charge for hospice families.

Hospice is a place, so you must leave home to receive hospice.

Most hospice care is provided during regular visits wherever the patient calls home—in a family home, nursing or residential care facilities or in the hospital. We strive to honor the patient's wishes for where they wish to receive our care.

Hospice is expensive.

Medicare, Medi-Cal and private insurance covers nearly all costs. Many hospices care for those who are unable to pay. Out-of-pocket costs for the patient are few, if any at all.

Medicare provides only six months of hospice care, so enrollment should be delayed as long as possible.

The Medicare Hospice Benefit does not limit the time a patient can be in hospice care. Patients may receive care once their physician and the hospice medical director determine that their illness is terminal, with an estimated life-expectancy of six months or less (may not affect non-Medicare and non-Medi-Cal patients). Medicare allows hospice to provide care for terminally ill patients, provided that certain medical eligibility criteria continue to be met, and the patient still wishes hospice care.

Excerpted from an article by *The Hospice of the Florida Suncoast*.



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