



## Hospice Myths and Facts

Caring for a loved one can be one of the biggest challenges for a family. We believe that no family should have to face these challenges alone. Hospice provides a wide range of services and care-giving that helps you and your loved one at the end-of-life. Comfort, compassion, and dignity are central to the care we provide.

**Myth:** Hospice is for when there is no hope or when “nothing else can be done.”

**Fact:** Hospice is the “something else that can be done” for the patient and family when there is not a cure for your illness. Hospice is not an end to treatment. Hospice is a shift to comfort-oriented care. Hospice focuses on helping patients live life to the fullest. Hospice provides extensive counseling and social service support for patients and families to address the emotional and spiritual aspects of coping with a terminal illness.

**Myth:** Hospice helps people die sooner.

**Fact:** Quality of life is often improved, and many patients live longer. A recent study showed that patients who choose hospice care can live longer than patients who do not have hospice care.

**Myth:** Hospice is only for people with a few days to live.

**Fact:** The number one comment from patients and families is that hospice should have been called sooner. Hospice services should begin early enough to receive sufficient pain management, symptom management and support. This allows patients and families to prepare emotionally and spiritually. Patients can receive hospice care once a provider believes that a life expectancy of six months or less. Anyone, including family and friends, can make a referral to hospice.

**Myth:** Hospice is only for people with cancer.

**Fact:** Many that receive hospice care are cancer patients. However, hospice services are also provided for patients with heart disease, lung disease, dementia, CVA's/Strokes, HIV/AIDS, and neuromuscular disease.

**Myth:** A patient must have a “Do Not Resuscitate” in order to receive hospice services.

**Fact:** Hospice does not require a “Do Not Resuscitate” DNR in order to provide outpatient hospice services. A DNR simply allows families choices in care and time to discuss their options.

**Myth:** Hospice care is too expensive.

**Fact:** There are often no out-of-pocket expenses for hospice care. Most patients have “pre-paid” for hospice care during their working years through federal tax deductions. It is paid for by Medicare, Medicaid, most private insurances, or donations. Therefore, in addition to easing the physical and emotional burdens, using hospice during end-of-life care can ease financial concerns.

**Myth:** Hospice provides in home care 24 hours a day.

**Fact:** The hospice team includes nurses, social workers, nursing assistants, chaplain and bereavement counselors that visit patients regularly. In addition, our team is available 24 hours a day, every day of the year, to provide support and care.

**Myth:** Hospice is only for the patient.

**Fact:** Hospice focuses on comfort, dignity, and emotional support for the patient and those closest to them. Our highest priority is the quality of life for the patient, family, and caregivers.

**Myth:** All hospices are the same.

**Fact:** People are not aware that there are many hospice organizations to choose from. All hospice programs are licensed. Many are accredited, indicating a higher commitment to quality and service. Even within a community, hospice care may vary. This is especially true with the types of treatment patients receive and their admission criteria.

**Myth:** Hospice is a place.

**Fact:** Hospice care is provided wherever a patient calls home. This includes a private home, an assisted living facility and/or a skilled nursing facility.

**Myth:** A hospice inpatient facility is an option for patients to “stay in the facility until the patient dies.”

**Fact:** Most patients choose and be cared for and die in their home or that of a family member. An inpatient facility can be used in crisis cases, when the patients’ needs are more than what can be provided at home.

**Myth:** Once a patient chooses hospice, a patient cannot return to traditional medical treatment.

**Fact:** Patients always have the right to cancel hospice services and return to traditional care at any time for any reason.

**Myth:** Once a patient chooses hospice, a patient can no longer receive care from their primary care provider.

**Fact:** Hospice services do not change the patient’s primary provider. The hospice team works with your provider and our medical director to fulfill the patient’s wishes and needs for a treatment plan.

**Myth:** After six months, patients are no longer eligible for hospice care through Medicare or other insurances.

**Fact:** If the patient lives beyond the initial six months, the patient can continue to receive hospice care if the hospice physician certifies the patient meets hospice criteria.