MYTHS & FACTS ABOUT HOSPICE CARE

Myth: Hospice is a place.
Fact: Hospice care takes place wherever the patient calls home, including skilled nursing and assisted living facilities.

Myth: Hospice is only for patients who have given up hope and are close to death.
Fact: Hospice is about living life as fully as possible. In fact, patients and families receive the greatest benefit when hospice care is started early.

Myth: Families will have to pay a lot of money for hospice care.
Fact: Hospice care, including medications, medical supplies, and durable equipment related to the hospice diagnosis, is a Medicare benefit. Most private insurers also cover hospice.

Myth: Hospice is only for cancer patients.
Fact: A large number of hospice patients have a diagnosis other than cancer, such as cardiovascular or chronic lung diseases.

Myth: Since hospice care is only available for six months, delay enrollment as long as possible.
Fact: Hospice patients can stay on hospice care as long as medically necessary while the disease takes its normal course. Hospice eligibility requires a prognosis of less than six months, but patients who survive that period can come on and off hospice care, or be re-certified for hospice care as necessary.

Myth: Hospice gives the patient so much medicine that the patient is out of touch, sleeps too much and becomes addicted to pain medication.
Fact: One of the goals of hospice care is to make the patient comfortable, pain free and as alert as possible.

Myth: Hospice uses morphine which causes the patient to die sooner.
Fact: Hospice uses morphine and other pain medications to keep the patient comfortable. It does not cause death.

Myth: Hospice stops feeding patients and they become dehydrated and starve to death.
Fact: Hospice encourages patients to eat and drink only what they want. It is natural for some patients to not feel hunger or thirst. This is part of the dying process as the body shuts down.

Myth: Hospice is only for the sick family member.
Fact: The focus of hospice is not only on medical care, but on the emotional, social and spiritual needs of the entire family. We assist family members and caregivers during the illness and offer bereavement support during the thirteen months following death.

Myth: It is a difficult process to begin hospice care.
Fact: It only takes one phone call. The VNA takes care of everything else. We will work with the patient’s physician to determine if hospice care is appropriate and to arrange for services to begin.