

MYTHS ABOUT HOSPICE PROGRAMS

(The term “hospice program” refers to Medicare and Medicaid certified hospice programs)

The purpose of hospice care is to assist individuals with serious illness to live as fully as possible surrounded by family and friends until the end of life. Hospice programs focus on patient directed care that maximizes comfort and quality life. Quality of life is also enhanced by program services that support the patient’s family in maintaining the patient in the home.

Myth – *Hospice is where you go when there is nothing more a doctor can do.* **Reality**- Hospice is not a place but a comprehensive program utilizing an interdisciplinary, including physicians, that provides medical, emotional and spiritual care focusing on comfort and quality of life while also supporting family caregivers.

Myth- *Good care at the end of life is very expensive.* **Reality**- Medicare and Medicaid beneficiaries pay little or nothing for hospice services, and most insurance plans, HMOs and managed care plans include hospice coverage

Myth- *Hospice is only for the last few days of life.* **Reality**- Hospice patients and families can receive care for 6 months or longer, depending upon the course of the illness. Eligibility standards indicate a life expectancy of 6 months or less but, in many cases, this decision is a reasonable estimate based upon available information which cannot account for all factors.

Myth- *Enrolling in a hospice program means giving up all medical treatment.* **Reality**- Enrolling in hospice means that a patient voluntarily stops seeking treatment, such as chemo-therapy or surgery, in favor of treatment that prioritizes patient and family directed care focused on symptom control and pain relief. Exiting a hospice program is easy and can be done in a matter of hours. A patient is not disqualified from other existing insurance benefits if, for example, he or she decides to resume curative treatments.

Myth- *Everyone dies in a hospital.* **Reality**- Hospice goes to the patient’s home, a nursing home, an assisted living facility or hospice residence: wherever the patient decides to be. Sometime patients need to go to the hospital for short-term stays or to other facilities for more intensive care. Hospice services and benefits continue.

Myth- *Families are not able to care for people with terminal illness.* **Reality**- Hospice programs provide training and support for family members to care for their loved ones. A caregiver is not alone, being able to consult with skilled providers on their regular visits and by telephone at all times. A “family member” may be a close friend of the family.

Myth- *Hospice is just for the elderly.* **Reality**- Hospice serves anyone who is eligible regardless of age.

Note Well: Hospice services and medical treatment for serious illness is greatly enhanced by advance planning on the part of the patient and family. Because we all might face serious illness and because all of us die, Hospice advocates planning that vastly increases the probability that we can control key dimensions of our life including: what medical treatment(s) we want or do not want, what measures should be taken for relief of pain and comfort, how financial resources are managed and conserved, and how serious illness and death affect our family members. Planning ahead and discussing plans with family members is much more comfortable, effective and efficient than doing so when ill and experiencing the pressure of vital medical and financial decision-making at a time of emotional upset and family stress.