



HOSPICE CARE DEFINITION

Hospice is patient-centric care focused on the quality of life for patients and their caregivers who are experiencing an advanced, life-limiting illness. Some key points about hospice include:

- Specially trained team provides care in a holistic manner
- Additional layer of support based on needs of the patient
- Appropriate in the last phases of an incurable disease
- Focus is on the quality of life and comfort versus curative treatment

To help you better understand what Hospice Care is and is not, read on for common myths and facts:

Top 10 Myths about Hospice

Myth 1: Hospice means giving up.

Truth: When a terminally ill individual has been told that nothing more can be done to help, hospice care is that “something more.” Hospice is medical care that focuses on providing comfort for someone who is nearing end of life.

Myth 2: People have to go to Hospice Centers in order to receive hospice care

Truth: Hospice care is a philosophy on death and dying rather than a physical place. People are able to receive hospice care wherever they feel most comfortable and wherever they call home. While hospice care can take place in a dedicated facility, most hospice patients choose to receive care at home, whether in a private residence, an assisted living community, or a nursing home. Hospice is where patients go for help managing pain and other symptoms.



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Myth 3: My family can't afford hospice

Truth: This is one of the top misconceptions about hospice, and it leads to patients not receiving the care they deserve. Hospice is a fully funded Medicare/Medicaid benefit. Most private insurance companies also cover hospice care, medications, and equipment related to the hospice diagnoses with no out-of-pocket expense to the patient. Hospice care includes visits from nurses, nurses' aides, social workers, certain therapies, chaplains, and volunteers. The U.S. Department of Veteran's Affairs covers hospice care for veterans.

Myth 4: Patients have to give up their doctor to enter hospice

Truth: The family or attending physician is encouraged to remain involved, and the hospice physician will work closely with that doctor to determine which medical needs to address in the patient's individualized plan of care.

Myth 5: Hospice requires a DNR (Do not resuscitate)

Truth: The purpose and benefit of hospice is to allow for a peaceful death in a familiar setting with loved ones near; however, patients are not required to have a DNR. Throughout the process, patients and family members receive up-to-date information to make informative decisions and realistic goals of care.

Myth 6: Once a patient elects hospice care, there is no turning back

Truth: Patients are free to leave hospice at any time, for any reason without penalty. They may re-enroll as long as they continue to meet eligibility criteria and their goals of care are consistent with hospice philosophy.

Myth 7: Hospice Care is only for people with a few days or weeks to live.

Truth: A 2018 report by the National Hospice and Palliative Care Organization (NHCPPO) shows that Medicare patients received hospice services for 76 days, on average. Generally, hospice is intended for individuals with a life expectancy of six months or less, but every patient is different. Earlier admissions to hospice care mean the patient experiences better pain and symptom control, as well as an improved quality of life. Still, choosing hospice is a deeply personal and complex



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decision, and we believe the patient and their loved ones will make the decision that is best for them when the time is right.

Myth 8: Hospice medications like morphine kill patients

Truth: The hospice interdisciplinary team is highly skilled and knowledgeable about medications and dosages to effectively treat common end-of-life symptoms, relying on evidenced-informed practice to guide them. Hospice philosophy supports progressive titrations of medications to the point of comfort, and staff closely monitors patients after initiating or increasing dosages to ensure patient safety.

Myth 9: It is the doctor's responsibility to raise the subject of hospice care

Truth: While it is the physician's responsibility to determine whether a patient meets eligibility criteria for hospice, it is appropriate for the patient or caregiver to initiate the discussion. Satisfaction surveys consistently show that patients and their families feel hospice care was of great benefit and support. However, most survey respondents reported feeling they were referred "too late" and wish they had received the support and guidance that hospice offers sooner.

Myth 10: Hospice is only for cancer patients.

Truth: Hospice care is for anyone with a life-limiting illness and prognosis of six months or less. Patients with dementia, heart disease, ALS, Parkinson's disease, diabetes, kidney disease, cancer, and more can all benefit from hospice care.

For additional information on Hospice Care visit www.hnmd.org