

Ten Myths & Facts About Hospice Care

MYTH #1

Medicare provides only six months of hospice care, so delay enrollment as long as possible.

FACT #1

Medicare law does not time-limit the hospice benefit. Patients may enroll when their physician and the hospice medical director judge that the illness is terminal, with an estimated life-expectancy of six months or less.

MYTH #2

All hospice care is the same.

FACT #2

Even in the same community, hospices may vary markedly, especially in the kinds of treatment patients can receive. Hospice Buffalo is the only licensed hospice program in Erie County.

MYTH #3

Patients can't receive curative treatments while in hospice.

FACT #3

While the Medicare Hospice Benefit requires beneficiaries to forego curative treatments, some hospices like Hospice Buffalo accept patients into their program while they continue receiving therapies directed toward reversal of disease and prolongation of life.

MYTH #4

Hospice means giving up hope. Hospice workers help people die.

FACT #4

Hospice workers recognize the importance of hope as a powerful, ever-changing force that continues throughout the time of living and process of dying. Hospice offers hope that a secure, familiar care setting can be enjoyed. Hospice offers hope for personal dignity and freedom from unhelpful procedures. Especially, Hospice offers hope for freedom from the fears of isolation, abandonment, loneliness, loss of control and physical pain; hope that the family will be nurtured and supported, even after the death of a patient. Hospice staff do not hasten or prevent death.

MYTH #5

Hospice is only useful for heavy-duty pain medications.

FACT #5

Hospice care is designed to provide not only medical care but also social, psychological, and spiritual support given by a multidisciplinary team that includes nurses, social workers, chaplains, and other professionals.

MYTH #6

You can't keep your own doctor while in hospice.

FACT #6

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

MYTH #7

Hospice is only for cancer patients.

FACT #7

Hospice care is available to any person with an advanced illness including noncancer diagnoses, such as congestive heart failure and chronic lung disease.

MYTH #8

Hospice is only for the sick family member.

FACT #8

Hospice is designed to support all family members during the illness and to offer at least one year of bereavement support after a death.

MYTH #9

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

FACT #9

In America, most hospice care is delivered in the home, though inpatient care is generally available (in hospitals, nursing homes and special settings like the Hospice Inpatient Unit in Cheektowaga, NY) to serve those with no at-home caregiver, and those whose total care is overwhelming to families.

MYTH #10

Hospice is expensive.

FACT #10

In general, hospice costs less than hospital or nursing home care and saves significant money for Medicare (With Hospice, Medicare saves \$1.62 for every dollar spent on medical care in the last 6 months of life).

Excerpted from Hospice of the Florida SunCoast, A Policymaker's Primer on Hospice Care.