



10 Most Important Facts About Hospice

1. Hospice care is a choice when medical treatments are no longer effective to cure a disease or the symptom burden outweighs the benefit from treatment.

2. Hospice is not curative care. Rather, it provides comfort to terminally ill individuals through pain relief, symptom management, and emotional and spiritual support.

3. Hospice patients receive care from an interdisciplinary team of highly skilled individuals that includes the medical director, physicians, nurses, aides, chaplains, social workers, and volunteers.

4. Hospice care is available wherever patients call home, from assisted living and group homes to nursing homes and private residences. When symptoms are unmanageable at home, patients can receive hospice care in an in-patient unit at a nursing home or hospital.

5. Hospice provides four levels of care to meet a patient's needs:

- Routine Hospice Care is the most common level and takes place at a patient's residence.
- General Inpatient Care offers pain control or other acute symptom management that cannot be provided in a home setting.
- Continuous Home Care provides more intensive nursing oversight for acute symptom management over a short period.
- Inpatient Respite Care provides temporary relief for the primary caregiver by allowing a patient to stay at a contracted inpatient facility for up to five days.

6. Signs that a terminally ill patient might be ready for hospice care include:

- Unrelieved pain
- Repeated hospitalizations
- Frequent Infections
- Worsening respiratory function
- Sudden or progressive decline in functioning or eating
- Weight loss
- Difficulty swallowing

7. The frequency of visits by hospice staff varies depending on a patient's needs. Patients with well-managed symptoms may be seen once a week, while patients who are declining may receive daily visits for assessment and symptom management. The interdisciplinary team works together to ensure care is consistent with the patient's wishes and goals.

8. Medicare Part A covers 100% of hospice services, as do most private insurance policies. Medicare hospice services that are typically covered include:

- Interdisciplinary staff visits to provide care, guidance, support and caregiver education.
- Medications for symptom control and pain relief
- Medical supplies and equipment to ensure safety and comfort
- Short-term inpatient care

9. You do not need a physician's order to request an evaluation for hospice care. A doctor's referral is only necessary once a patient chooses to receive hospice services. At that time, the patient's attending physician and the hospice medical director must certify the patient's life expectancy is 6 months or less.

10. After the patient dies, all primary caregivers are provided with 13 months of bereavement support.

10 Most Common Myths About Hospice

1. Hospice means giving up

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.

2. Hospice is only for cancer patients

When hospice began in the U.S. in the 1970s, most patients did have cancer. While many are still cancer patients, the majority of hospice patients today are suffering from life-limiting illnesses such as end-stage heart and respiratory disease or Alzheimer’s and other dementias.

3. Hospice is where patients go to die

Hospice is where patients go for help managing pain and other symptoms. 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.

4. Hospice means death is imminent

Studies show exactly the opposite. Although hospice care neither hastens death nor prolongs life, hospice patients often live longer than individuals with the same illness who do not choose hospice care.

5. Patients have to give up their doctor to enter hospice

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.

6. Hospice requires a DNR

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.

7. Once a patient elects hospice care, there is no turning back

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.

8. Hospice care is limited to 6 months

A hospice physician must certify that given the expected course of the illness, death will likely occur within six months. If the patient lives longer, the hospice physician can recertify the patient for continued hospice care for extended periods.

9. Hospice medications like morphine kill patients

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.

10. It is the doctor’s responsibility to raise the subject of hospice care

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, the majority of survey respondents reported feeling they were referred “too late” and wish they had received the support and guidance that hospice offers sooner.

