



HOSPICE MYTHS AND REALITIES

HOSPICE IS...

MYTH

A place – I will not be able to stay at home.

MYTH

Only for people with cancer.

MYTH

Only provided to old people.

MYTH

A place of last resort.

REALITY

Hospice is a philosophy of care and can be received wherever a patient and their loved ones prefer. This includes home, a skilled nursing facility, an assisted living facility, or a hospice house.

REALITY

Cancer patients make up a large number of hospice patients. However, anyone who has a life-limiting disease or terminal illness, whether it is heart failure, dementia, kidney failure or multiple sclerosis, is eligible for hospice care.

REALITY

Most hospices provide services to people of all ages, from infants to the very elderly.

REALITY

When medical treatments can no longer cure a disease, hospice professionals can do many things to control pain, reduce anxiety, offer spiritual and emotional support, and improve quality of life for terminally ill people and their families.

HOSPICE MEANS...

MYTH

That my doctors are giving up on me.

MYTH

That I am giving up.

MYTH

Death comes sooner.

MYTH

My doctor has failed me.

MYTH

I am not going to receive any further care from my medical oncologist.

MYTH

If my doctor talks to me about hospice it means that I am dying.

REALITY

Nothing could be further from the truth. It is about living longer, in comfort and dignity. The focus of care is relieving pain and other symptoms of the disease, not seeking to cure the disease.

REALITY

Choosing hospice is choosing to focus on quality of life, with the best support system.

REALITY

The goal of hospice is neither to prolong life nor hasten death, but to make the quality of the patient's life the best it can be in their final months, weeks and days. Studies show that patients live longer, and have a better quality of life when receiving hospice care.

REALITY

Hospice is supportive medical care that is more appropriate than curative care for people with a terminal illness. The doctor may encourage hospice as it focuses on symptom management, and addressing spiritual, emotional and psychological comfort.

REALITY

You can continue to see your medical oncologist while you are receiving hospice care. Your medical oncologist will stop all chemotherapy medications, but will continue to provide symptom management, psychological and emotional support.

REALITY

Research has shown that doctors should talk to patients about hospice very early, well before they actually need it. This gives patients enough time to think about and plan for what they want. It also gives patients enough time to tell family and friends what their wishes are before they get too sick.

WHEN ON HOSPICE...

MYTH

I have to stay on hospice even though I changed my mind.

MYTH

Medications and treatments are stopped or no longer provided.

MYTH

Nutrition and/or hydration are withheld from the patient.

MYTH

Morphine is prescribed to cause an early or premature death.

REALITY

Hospice is supportive medical care that is more appropriate than curative care for people with a terminal illness. The doctor may encourage hospice as it focuses on symptom management, and addressing spiritual, emotional and psychological comfort.

REALITY

On the contrary, hospice takes advantage of medications and treatments to relieve pain and symptoms to keep patients comfortable as long as necessary.

REALITY

There are many things to consider when it comes to nutrition and hydration for patients near the end of life. Since the natural progression of a patient's disease interferes with the body's ability to process foods and fluids, it is expected that terminally ill patients will begin to eat and drink less and less.

REALITY

Hospice physicians are specially trained in the use of morphine and administer only the dose necessary to alleviate a patient's pain or help them breathe. When administered correctly, morphine helps terminally ill patients have a better quality of life.

MORE REALITIES

MYTH

I live alone and I do not have any family, so I cannot be on hospice.

MYTH

All hospices have a religious or spiritual affiliation.

MYTH

I have to choose hospice.

MYTH

When I take my family member home on hospice, I have to quit my job to be the primary caregiver.

REALITY

If you live alone, you can still be enrolled on hospice. Hospice will assist you in determining the appropriate plan for your care.

REALITY

Hospice provides chaplains and other spiritual counselors from all faiths and beliefs. They respect all cultures and points of view and are there to lend support and discuss the patient's and the family's feelings and views.

REALITY

Hospice is an optional benefit. You can choose to use it, or not to use it. It is up to you.

REALITY

You do not need to quit your job if a family member is on hospice. Discuss your situation with hospice and your employer.

Options are available.

When hospice is provided in a private home, licensed clinicians come to the home rather than have the patient go to a physician's office. Family or friends take on the role of primary caregivers, supported by a team of hospice professionals, including a nurse, aide, physician, social worker, and spiritual counselors. The team makes regularly scheduled visits, trains and educates family caregivers. If there is an emergency, hospice staff are available 24 hours a day, 7 days a week by phone.

If a patient lives in an assisted living facility or nursing home, the hospice team provides additional care that complements the care the patient is already receiving at that site.

REALITY

Hospice will help individuals or families who do not qualify for federal or state assistance and do not have insurance to find available resources. Payment options include self-pay and charitable organizations.

REALITY

It is unfortunate that there are times that a patient experiences a difference of opinion between two professionals. If you experience this, please contact your medical oncology office and speak to your physician's nurse. They will contact the hospice and address the situation.

REALITY

There is no reason to defer hospice care due to financial concerns if you have insurance. Hospice is usually less expensive than traditional care. Hospice is an all-inclusive benefit covered by Medicare, Medicaid, and most private insurance companies. The Medicare Hospice Benefit covers 100% of services related to the terminal illness with no co-pays or out-of-pocket expenses.

It is best to speak to a hospice provider who understands your insurance to know exactly what will be covered by your benefit.

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Questions? FOR MORE INFORMATION, ASK YOUR
DOCTOR ABOUT HOSPICES IN YOUR AREA.