

Clarifying the Myths of Hospice

Hospice Care helps patients live each day to the fullest extent possible and provides support to both patients and families. When making a decision about hospice care, it helps to have a good understanding of what hospice is and what it isn't. Here are some of the most common misconceptions about hospice, along with the true facts about this special kind of care.

MYTH: Hospice means giving up hope.

FACT: Hospice can help people revise what they hope for. Hospice focuses on maximizing the quality of life based on an individual's choices, so that the person may live as fully as possible, for as long as possible.

MYTH: Hospice is a place.

FACT: Hospice care usually takes place in the patient's home, but can also be provided in any environment in which they live, including nursing homes, assisted living and residential care facilities.

MYTH: Hospice means that the patient will die soon.

FACT: The earlier an individual receives hospice care, the more opportunity there is to stabilize the medical condition and address other needs. Some individuals actually improve and may be discharged from hospice care. They can then be re-admitted later when it is necessary.

MYTH: Hospice is only for elderly individuals.

FACT: Hospice care is for individuals of all ages facing a life-limiting illness.

MYTH: Hospice is only for cancer patients.

FACT: Hospice care is available to all terminally ill individuals and their families, regardless of diagnosis. Some of the most common non-cancer diagnoses are congestive heart failure, dementia, chronic lung disease and failure to thrive.

MYTH: Individuals have to give up their own doctor.

FACT: Individuals may keep their own physician, who will work closely with the Optimal Hospice team of healthcare professionals to plan and carry out care.

MYTH: Individuals can only receive hospice care for six months; therefore enrollment should be delayed as long as possible.

FACT: Patients can receive care as long as they are medically appropriate, which may result in receiving hospice care longer than six months. Some individuals actually improve and may be discharged from hospice care. They can re-enroll in hospice care when necessary.

MYTH: Hospice provides 24-hour care.

FACT: Hospice care is based upon intermittent visits but is available 24 hours a day, seven days a week for support and care. Hospice can help the family arrange for 24 hour care by a private duty attendant if necessary.

MYTH: Families have to pay for hospice care.

FACT: Hospice care is covered by private insurance. Optimal Hospice Care and Optimal Hospice Foundation believe that all patients should have access to hospice care, regardless of their ability to pay. The Optimal Hospice Foundation helps fill the gap in funding for families who are uninsured or whose insurance benefits have run out.

MYTH: Hospice is just for the patient.

FACT: Hospice provides comfort care to patients, as well as respite and emotional support to family members. Quality of life — not only for the patient, but also family members and others who are caregivers — is the highest priority. Bereavement support is offered for at least a year following the death of a loved one.