All Care

DISPELLING HOSPICE MYTHS

Hospice Myths and Misconceptions

MYTH	**Hospice is only for the last few days of life.**	FACT	Hospice can begin when a person has a terminal illness and is expected to live six months or less, according to MD prognosis. It's not limited to the final days, and early involvement can provide valuable support/symptom management for both the patient and family.
MYTH	**Hospice is only for those who live in a special facility/hospice house.**	FACT	Hospice care can be provided in various settings, such as the patient's home, nursing homes, assisted living facilities, or even hospitals. The care is designed to meet the patient's preferences and needs, wherever they feel most comfortable.
MYTH	**Hospice care is expensive and not covered by insurance.**	FACT	Hospice care is typically covered by Medicare, Medicaid, and most private insurance plans. It generally includes medical care, medications related to the terminal illness, nursing care, and emotional support at little to no cost to the patient or family.
MYTH	**Hospice care is only for cancer patients.**	FACT	Hospice care is for anyone with a terminal illness, not just cancer. It can be provided for patients with heart disease, lung disease, dementia, kidney failure, neurodegenerative diseases, and more.
MYTH	**Hospice care is only for the patient, not the family.**	FACT	Hospice care includes extensive support for families, including emotional counseling, spiritual care, respite care, and grief support after the patient's passing. The goal is to support both the patient and their loved ones during this difficult time.
MYTH	**Hospice means giving up on medical treatments.**	FACT	Hospice care focuses on comfort rather than curative treatments. However, patients can continue to receive medications and treatments to manage symptoms like pain, nausea, infections and difficulty breathing.
MYTH	**It is the doctor's responsibility to bring up hospice.**	FACT	While doctors play a key role in the decision to pursue hospice care, it is not solely their responsibility to bring it up. Hospice care should be a conversation that involves the patient, their family, and the entire health care team.
MYTH	**Once the choice is made for hospice care, there is no turning back.**	FACT	Hospice care is voluntary and can be discontinued if the patient's condition improves or if they decide to pursue curative treatments again. The decision to begin hospice is not irreversible.

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MYTH	**All hospices are the same.**	FACT	Hospice organizations may offer varying levels of care, resources, and approaches to treatment. It's important to choose a hospice that aligns with the patient's and family's needs, whether it's specialized services, emotional support, or specific care types.
MYTH	**Hospice care requires a Do Not Resuscitate (DNR) order.**	FACT	A DNR order is not a requirement for hospice care. While many hospice patients choose a DNR to avoid aggressive life-saving measures, it is ultimately the patient's or family's choice. Hospice care is about respecting the patient's wishes.
MYTH	**Hospice care is only for the elderly.**	FACT	Hospice care is for people of all ages, including children and young adults, as long as they have a terminal illness. There are even specialized pediatric hospice programs to meet the unique needs of children and their families.
MYTH	**Hospice care and palliative care are the same thing.**	FACT	Hospice care and palliative care are related, but they are not the same thing. Both focus on providing comfort and improving the quality of life for individuals with serious illnesses, but there are key differences in their goals, timing, and approach.
MYTH	**Hospice care ends with the patient's passing.**	FACT	Hospice care includes bereavement support for families after the patient's death. Grief counseling, emotional support, and resources are provided for up to a year to help loved one's cope with their loss.
MYTH	**Hospice is the same as euthanasia.**	FACT	Hospice care is not about hastening death. It focuses on providing comfort and improving quality of life in the final stages of life. Euthanasia, on the other hand, involves intentionally ending a life, which is not part of hospice care.
MYTH	**Morphine hastens death.**	FACT	Morphine, when used in hospice to manage pain and symptoms, does not hasten death. It is used to provide comfort, and while it can slow respiratory function at high doses, it is administered carefully to manage symptoms without accelerating death.
MYTH	**Hospice takes over caregiving and is in the home 24 hours a day.**	FACT	Hospice does not provide around-the-clock bedside care, nor does it replace caregiving provided by loved ones, nursing home staff, or other residential care. Hospice is supportive care and is designed to assist with education and symptom management.
MYTH	**Hospice stops all medications upon admission.**	FACT	Hospice does not stop all medications upon admission. Stopping medication is more of a conversation between the attending physician, hospice doctor, and patient/family. The hospice team carefully evaluates which medications are still beneficial for comfort and quality of life.