

THE MYTHS ABOUT HOSPICE

Grace Hospice understands that there are many myths about hospice care. We would like to demystify some of these myths in order to promote a better understanding of hospice care.

Hospice care offers a variety of benefits not only to patients suffering a life-limiting illness, but also to loved ones who will be left behind. The Medicare Hospice Benefit, which was established in 1983, supports family and caregivers as well as attending to the needs of the hospice patient. Medicare beneficiaries may still continue to utilize all of their Medicare services that are unrelated to the hospice diagnosis.

At Grace Hospice, we are committed to the exceptional delivery of compassionate, patient-focused hospice care. This brochure lists some common myths about hospice. Each myth is followed by an accurate explanation of hospice. By taking a few minutes to review this brochure, you will have a better understanding of hospice and what Grace Hospice can offer you or someone you love.

Myth #1: Hospice is a place.

Reality: Hospice services are offered wherever the hospice patient calls "home." This can be in their private home, an assisted living facility, or a nursing facility. In addition, inpatient and respite care may be provided in nursing facilities and hospitals, as long as Registered Nurses are available 24 hours a day.

Myth #2: Hospice is only for cancer patients

Reality: Any life-limiting illness is an appropriate diagnosis for hospice care. This includes diagnoses of the following illnesses: Liver Disease, Renal Disease, Alzheimer's Disease and Dementia, Respiratory Diseases, Cardiac Diseases, Debility Unspecified, Failure to Thrive, and others.

Myth #3: Hospice is giving up

Reality: Hospice affirms life and provides relief from pain and distressing symptoms. Hospice is about living life to the fullest when no cure is possible. Hospice offers the most effective management of the disease process.

Myth #4: Hospice is expensive

Reality: Medicare and Medicaid pay 100% of hospice care for its beneficiaries. Commercial Insurance Companies generally reimburse hospice care in the range of 60-100%, depending on the plan.

Myth #5: Patients on hospice have all their existing medications and treatments taken away.

Reality: Current medications and treatments are reviewed for efficacy by the hospice physician and nurse as well as by the patient and family. Hospice pays for all medications and supplies related to the hospice diagnosis.

Myth #6: The patient and family must be "ready" to die or accept impending death.

Reality: Grace Hospice accepts and acknowledges all eligible adult patients and their families at any level of acceptance.

Myth #7: Election of hospice means giving up one's attending physician.

Reality: Grace Hospice supports the patient's choice of physician. The hospice medical director works in conjunction with the patient's attending physician in reviewing the plan of care designed by the hospice interdisciplinary team.

Myth #8: Hospice provides care only during the last hours of a patient's life.

Reality: The care provided by Grace Hospice offers relief from pain and distressing symptoms, psychosocial support for the patient and family, spiritual support for the patient and family as well as education and coping skills. These benefits are valuable over the 6-month period allowed by the Medicare Hospice Benefit. It is most advantageous to begin end-of-life care as early as possible.