

Debunking Hospice Myths: The Truth about Hospice Care

By Jeanette Stehr-Green, Volunteer Hospice of Clallam County

Every year millions of Americans receive care and support through hospice. Hospice can play a crucial role in providing symptom management, dignity, and support to individuals and their families at the end of life.

Yet hospice care is still widely misunderstood and many of those who are eligible for hospice (see sidebar) do not receive its services. Here are some of the more common misconceptions about hospice care and the facts.

MYTH: Going on hospice means giving up.

REALITY: The goal of hospice care is to maximize the patient's and family's quality of life through management of pain and other distressing symptoms, provision of emotional and spiritual support, and education.

Going on hospice does not mean that patients are giving up; it means that they are choosing comfort and want to live the time they have to its fullest.

MYTH: Hospice is only for those with a few days to live.

REALITY: Patients can be admitted to hospice if their life expectancy is as long as 6 months. According to the Centers for Medicare and Medicaid Services, however, half of hospice patients receive hospice care for less than a month before dying.

Starting hospice services early – before the last days or weeks of life – offers time to stabilize the patient, address symptoms such as pain, and make the patient more comfortable. The accomplishment of these priorities means patients and their families are better able to tend to emotional and spiritual needs, make end-of-life decisions consistent with the patient's wishes, and connect with friends and family before it is too late.

Families often wish they had asked for hospice care for their loved ones sooner.

MYTH: Hospice hastens death.

REALITY: Hospice care does not shorten the life of a person with a terminal illness. It might even lengthen it.

In studies of cancer patients receiving curative treatments, those also receiving palliative care (i.e., care focused on comfort, dignity, and quality of life like hospice care) survived longer on average than patients assigned to curative treatment alone. Patients who received palliative care also reported a higher quality of life and a lower rate of depression.

Perhaps, this finding is not surprising. With the management of symptoms and attention to emotional wellbeing, patients are more likely to want to live. Furthermore, close monitoring by hospice caregivers promotes recognition and treatment of emerging health issues that could shorten the patient's life.

MYTH: You must stop all other treatments to receive hospice care.

REALITY: Although hospice funded by Medicare requires that patients no longer pursue curative treatment for the illness that qualifies them for hospice, patients admitted to hospice do not have to stop all treatments.

Treatments that are targeted to maximize patient comfort and quality of life can continue even if related to their hospice-qualifying diagnosis. For example, wound care, antibiotics, and radiation to alleviate cancer-related pain may be prescribed as well as water pills such as Lasix which help reduce lung congestion, making breathing easier.

Medications with heavy side effects, those that require close monitoring, and/or those that have minimal short-term benefit may be discontinued, depending on the amount of comfort they provide.

MYTH: Entering hospice means giving up control over your care.

REALITY: Hospice care centers on the wants and needs of the patient. In consultation with the patient and family, the hospice provider creates an individualized care plan that focuses on achieving stated goals. These care plans can evolve and change through the course of hospice care.

Hospice care cannot be forced on anyone. The patient has the right to request or refuse services or even leave hospice care, if they desire.

MYTH: Once you start hospice, you can never get off it.

REALITY: Patients can be discharged from hospice if their health improves, their terminal disease goes into remission, or if hospice care is just not working for them or their families. The option to reapply for hospice always remains open.

Patients should check with their insurance company on the intricacies of re-applying for non-hospice medical insurance.

MYTH: Hospice patients are automatically discharged if they live beyond 6 months.

REALITY: Patients are eligible for hospice if they have a terminal illness with a prognosis of 6 months or less to live. This prognosis, however, is an estimate based on the usual course of the patient's disease. Patients may deviate from this estimate.

If, at 6 months, a patient's physician recertifies that the patient has a terminal illness, they can continue to receive hospice care.

MYTH: Hospice provides 24-hour care.

REALITY: While hospice staff are accessible 24 hours a day, seven days a week, they do not provide continuous care. Most hospice providers cover

- Visits from the care team – nursing staff (RNs and certified nursing aides) and team members to address social, emotional, and spiritual needs;
- Supplies and equipment (e.g., hospital bed, bedside commode, wheelchair, and incontinence supplies);

- Hospice medications;
- Therapies;
- Education and guidance on end-of-life decisions; and
- Grief and bereavement support.

Hospice can help patients and their families manage symptoms, make informed decisions, and live their remaining days with quality and peace. Hospice care may not be right for every patient, but the decision should be based on the facts – not myths. To learn more about services provided through Volunteer Hospice of Clallam County, go to <https://volunteerhospice.org/>. For more information about Assured Hospice go to <https://lhcgroupp.com/locations/assured-hospice-of-port-angeles/>.

Jeanette Stehr-Green volunteers at Volunteer Hospice of Clallam County along with a host of other community members who provide respite care, grief and bereavement support, and access to free medical equipment.

SIDEBAR

Hospice Eligibility

To qualify for hospice care supported by Medicare:

- A patient must be diagnosed with an illness that is expected to lead to death within 6 months,
- The patient's physician must certify that the patient has a life expectancy of 6 months or less,
- The patient must choose comfort care over curative treatment.

Because Volunteer Hospice of Clallam County provides services at no cost to the patient, their family, government programs, or private insurance companies, patients admitted to this hospice provider do not have to meet Medicare's criteria of having six months or less to live, although most do, or discontinuing curative treatment, if the treatment helps the patient achieve their goals.