

# Dispelling Hospice Myths

## **Myth #1: Hospice care is only for cancer patients.**

**Fact:** Hospice care is not limited to cancer patients, but also meant for those living with cardiac or lung diseases, dementia, or other chronic issues and serves terminally ill patients of all ages.

## **Myth #2: Seeking hospice care means death is imminent.**

**Fact:** Hospice care is meant for those whose physician agrees have a prognosis of six months or less. Although many equate hospice care with final days of life, it is designed to support families from the moment it is determined that a cure is no longer an option so the precious time with one another can be enjoyed.

## **Myth #3: Hospice is a place.**

**Fact:** Once a decision to seek hospice care is made, we work with you and your family to help you stay at home - in your house, assisted living or skilled nursing facility - wherever you call home.

## **Myth #4: Hospice care is expensive.**

**Fact:** Hospice care is less costly than care provided in a traditional medical setting. Medicare Part A, Medicaid, and many private insurance plans cover hospice care at home, which may reduce out of pocket expenses.

## **Myth #5: Hospice care is just for the patient.**

**Fact:** Hospice care provides comfort and support to patients as well as their loved ones. Family members receive support both emotional and physical when it comes to giving care. Hospice care does not end with a patient's death, but continues for up to thirteen months through bereavement support.

## **Myth #6: I have to stop seeing my doctors if I have hospice.**

**Fact:** You can continue to see your physicians. Testing and lab work will not be covered by hospice. The hospice team can become the eyes and ears for the physician when it comes taxing to get to appointments. The community physician remains involved in the plan of care and signs hospice orders.

# Hospice Myths

**Myth #7: You can't contact Hospice until your physician suggests hospice care.**

**Fact:** Anyone may call at any time to learn about Hospice's services at no obligation. A physician's order is ultimately required for admission to the hospice program. It is better to learn about options before a crisis occurs.

**Myth #8: Hospice will discontinue all my medications.**

**Fact:** The hospice nurse will review all medications. Medications that are no longer beneficial may be discontinued or changed to a medication that will provide increased benefit. Medications will be discussed with the attending MD and the hospice MD. Hospice will pay for medications related to the life-limiting diagnosis.

**Myth #9: I will have to start taking morphine right away.**

**Fact:** Morphine is the best medicine to resolve pain and respiratory distress. Not all patients have pain or respiratory distress, therefore would not need morphine. Some patients may never have the need to take morphine during their hospice care.

**Myth #10: There is no turning back once signed into the hospice benefit.**

**Fact:** If the patient/family decide to pursue treatment or decide they no longer want hospice, they may sign a Revocation and traditional medicare will resume. Some patients improve with hospice and are discharged if they no longer meet criteria.

**Myth #11: Hospice provides 24 hour care.**

**Fact:** The family/caregiver is responsible for providing care or making arrangements for care. Hospice teaches the caregiver how to care for their loved one.

**Myth #12: I can never go back to the hospital.**

**Fact:** There are some indications for a return to the hospital. The hospice team would need to be involved in the plan and provide approval.



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