



Fact or Fiction: Learning the Truth About Hospice

Hospice — A caregiving team of professionals (including physicians, nurses, social workers, home care aides, therapists, and counselors) and volunteers working together to serve terminally ill patients and their families. The medical, psychological, and spiritual support, primarily given in the home, enables

1) Fiction: Hospice is a place where the terminally ill go to die.

Fact: Hospice is not a place, but a concept of care. More than 90% of the hospice services provided in this country are based in the home. Care provided in the home allows families to be together when they need it most sharing the final days in peace, comfort, and dignity. However, when home care is not an option, in-patient care can be available through a contracting hospital, skilled nursing facility, or the hospice's own in-patient facility (if available). In addition, in-patient care is available to those receiving home care in emergency situations or when family members need respite care.

2) Fiction: Hospice only serves persons diagnosed with cancer.

Fact: About 36 percent of the patients who were admitted to hospice agencies in 2005 had conditions related to cancer, heart and circulatory diseases represented almost 20 percent, and Alzheimer's disease and other cerebrouneurological disorders accounted for about 17 percent of patients.

3) Fiction: A patient needs Medicare or Medicaid to afford hospice services.

Fact: Although insurance coverage for hospice is available through Medicare and in 47 states under Medicaid, most private insurance plans, HMOs, and other managed care organizations include hospice care as a benefit. In addition, through community contributions, memorial donations, and foundation gifts, many hospices are able to provide patients who lack sufficient payment with free services. Other programs charge patients in

accordance with their ability to pay.

4) Fiction: A physician decides whether a patient should receive hospice care and which agency should provide that care.

Fact: The role of the physician is to recommend care, whether hospice or traditional curative care. It is the patient's right and decision to determine when hospice is appropriate and which program suits his or her needs. Before entering a hospice, however, a physician must certify that a patient has been diagnosed with a terminal illness and has a life expectancy of six months or less if the illness runs its normal course.

5) Fiction: Hospice services are very expensive because 24-hour on-call services are provided.

Fact: Generally hospice costs less than care in hospitals, nursing homes, or other institutional settings for one basic reason: in those facilities a patient is charged each day for all general services such as food services and basic medical supplies. With hospice a patient pays only for the services he or she or the family cannot provide and that are not covered by insurance. In 2007 the charges per hospital day were estimated at \$5,549; \$572 in a skilled nursing facility. In 2007 hospice care cost approximately \$144 per covered day of care. It is also estimated that Medicare's hospice program saves \$2,300 for each terminally ill beneficiary receiving hospice care in the last two months of life.

6) Fiction: To be eligible for hospice care, a patient must already be bedridden.

Fact: Hospice care is appropriate at the time of the terminal prognosis, regardless of the patient's physical condition. Many of the patients served through hospice continue to lead productive and rewarding lives. Together, the patient, family, and physician determine when hospice services should begin.

7) Fiction: After six months, patients are no longer eligible to receive hospice care through Medicare and other insurances.

Fact: According to the Medicare hospice program, services may be provided to terminally ill Medicare beneficiaries with a life expectancy of six months or less. However, if the patient lives beyond the initial six months, he or she can continue receiving hospice care as long as the hospice physician recertifies that the patient is terminally ill. Medicare, Medicaid, and many other private and commercial insurances will continue to cover hospice services as long as the patient meets hospice criteria of having a terminal prognosis and is recertified with a limited life expectancy of six months or less.

8) Fiction: Once a patient elects hospice, he or she can no longer receive care from the primary care physician.

Fact: Hospice reinforces the patient-primary physician relationship by

advocating either office or home visits, according to the physician preference. Hospices work closely with the primary physician and consider the continuation of the patient-physician relationship to be of the highest priority.

9) Fiction: Once a patient elects hospice care, he or she cannot return to traditional medical treatment.

Fact: Patients always have the right to reinstate traditional care at any time, for any reason. If a patient's condition improves or the disease goes into remission, he or she can revoke or be discharged from a hospice and return to aggressive, curative measures, if so desired. If a discharged patient wants to return to hospice care, Medicare, Medicaid, and most private insurance companies and HMOs will allow readmission.

10) Fiction: Hospice means giving up hope.

Fact: When faced with a terminal illness, many patients and family members tend to dwell on the imminent loss of life rather than on making the most of the life that remains. Hospice helps patients reclaim the spirit of life. It helps them understand that even though death can lead to sadness, anger, and pain, it can also lead to opportunities for reminiscence, laughter, reunion, and hope-hope that hospice will enable a patient to live his or her life to its fullest.