

Top 6 Myths About Hospice Care

1. Hospice means giving up hope.

The reality is that we as Americans give little time to discussing our health goals. Advance care planning allows us to have multiple conversations during our life and continuum of health. When we have a life-threatening situation, our chronic health conditions become worse. Hospice care aims to provide a better life in our remaining days. We have the opportunity to spend this time with our family and friends having meaningful conversations, completing our wishes, and remaining as comfortable as possible.

2. Saying the word “hospice” means death is imminent.

Hospice does not hasten death; rather, it provides assistance to manage pain and symptoms. It also improves the quality of life in one’s days. The ultimate benefit is comfort for both the patient and family.

3. A criterion for hospice care is that the patient must be DNR (Do Not Resuscitate).

This is not a criterion for hospice services. During one’s care with the hospice team, there will be further discussions about comfort care.

4. Hospice services cover 24-hour care.

Hospice care covered by Medicare and most insurance companies does not cover 24-hour care giving. Since 1983, this Medicare benefit covers team services provided on an intermittent basis. Care giving is provided by family, friends, privately paid caregivers, and staff at the nursing facility.

5. Hospice care requires the patient to have a 24-hour caregiver.

If the hospice beneficiary is able to manage their activities of daily living at home alone, that is fine. However, because the disease will reduce one’s ability to be alone safely, a secondary plan must be developed. This plan can then be acted upon, taking into consideration both the goals of the individual and the necessary action at a time of crisis.

6. Hospice care covers everything.

The Hospice Medicare Benefit covers the interdisciplinary team services of nurses, social workers, spiritual care providers, hospice aides, volunteers, physicians, music and massage therapists, physical therapists, occupational therapists, speech and dietary therapists, and bereavement/grief counselors. Also covered are the medications, equipment, and supplies related to the terminal disease. Certain procedures, hospitalizations, and respite care may also be covered in some cases. The care giving hours, supplies, and day-to-day needs are not covered, nor are those medical services that are unrelated to the terminal disease. Most insurance companies mimic Medicare hospice coverage.