

HOSPICE: MYTHS & FACTS



Myths:

Hospice is giving up

Hospice is not about giving up. It's about giving the gift of physical, emotional, and spiritual support that ensures the quality of life until the end.

Hospice is only available to cancer patients

The majority of hospice patients do not have cancer. Hospice also serves patients with other life-threatening illnesses, including dementia, lung disease, heart disease, kidney failure, and many other terminal conditions.

Hospice is only appropriate for people who have a few days to live

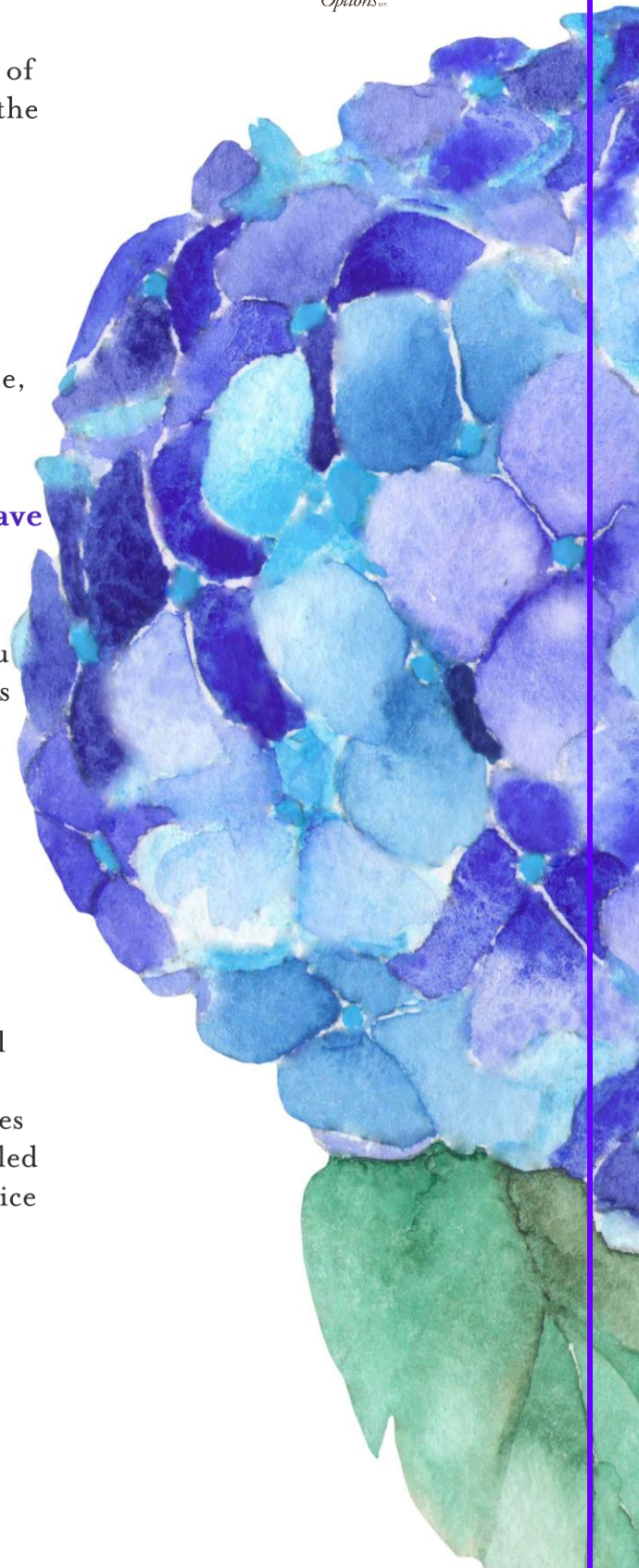
After experiencing hospice's quality and comfort care, many families wish they had started hospice sooner. You are eligible for hospice if you have an expectation to pass in 6 months. Hospice care is more beneficial when patients receive medical, emotional, and spiritual support for at least a month of care.

Hospice must stop services if someone lives longer than 6 months

The hospice benefit does not expire. If a patient continues to get worse or the physician believes they still have 6 months or less to live, care can be extended. If a patient's condition improves and life expectancy becomes greater than 6 months, hospice care will stop, this is called a discharge. After discharge, a patient may resume hospice if their condition worsens and their life expectancy becomes 6 months or less again.

Hospice care cannot be provided in the home

The majority of hospice care (66%) is provided in the home. Other hospice patients may receive care in a nursing home, hospital, assisted living community, or hospice residence.



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Myths:

Hospice care speeds up the dying process

Hospice providers do not speed up the dying process, nor do they use medications that accelerate the dying process. Hospice tries to maximize the quality of life before the patient passes. Studies suggest that hospice patients live longer than patients seeking aggressive treatment for their primary illness. By choosing hospice over aggressive life-saving treatments, weakened bodies are not exposed to aggressive medical treatments that may not be well tolerated. The overall hospice focus is for the patient to receive medical, emotional, and spiritual support.

Facts:

Hospice Care focuses on managing pain and other symptoms

Hospice provides quality pain and symptom management. Most patients experience pain relief and an increase in quality of life.

Hospice treat the emotional needs of the dying patient and the patient's family

Hospice teams support families by providing emotional support. Social workers, grief counselors, and spiritual support are part of the hospice team.

Hospice patients must stop treatments for their primary illness

Hospice focus on pain control and the comfort of the patient. To receive hospice care, patients must stop aggressive, curative treatments. A patient enrolled in hospice may stop hospice to initiate life-saving treatment for their illness. This same patient will still be eligible to return to hospice if they stop medical treatment for their disease and if they have 6 months or less to live.

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