

Myth #1: Choosing hospice means that I'm "giving up hope."

Fact: Hope never goes away. Many times hospice care begins when all other medical options have been exhausted or the patient chooses comfort over curative treatments. Hope for living each day to the fullest becomes the focus.

Myth #2: Hospice is only for people who have a few days to live.

Fact: To maximize the hospice benefit, sufficient time for the hospice team to get to know the patient, and to address any end of life concerns, hospice services are recommended to begin when the patient is no longer seeking curative treatments.

Myth #3: Hospice is a place.

Fact: Hospice is a philosophy of care and a specialty. Hospice uses palliative care to manage end of life symptoms wherever home is – a private home, assisted living or a nursing home.

Myth #4: Hospice requires family members to be available to provide care.

Fact: While family members are usually trained to care for their loved ones at home, they are always supported by a clinical team, 24 hours a day. If this is not possible, the hospice team can help coordinate the appropriate support, whether it is in-home care or moving the patient to a long-term care facility.

Myth #5: Hospice only serves patients with cancer.

Fact: Hospice is appropriate for patients with any life-limiting disease or condition.

Myth #6: There is a strict limit on length of hospice services.

Fact: Although the physician is required to certify a prognosis of six months or less, there is, in fact, no limit to the length of hospice services. Should a patient stabilize over many months, or should there be a change in the plan of care goals, a patient may be discharged from hospice, or graduate from hospice care.

Myth #7: The patient must be home-bound to qualify for hospice.

Fact: Patients are able to continue an active lifestyle and pursue meaningful interests and activities.

Myth #8: Patients may not be hospitalized.

Fact: Patients are not normally hospitalized for conditions surrounding their hospice diagnosis. This is because hospice brings care to the patients. *(What if they are not at a medical facility and need greater care?)*

Myth #9: Hospice services are expensive.

Fact: Medicare and Medicaid offer benefits which cover hospice services at 100%. This benefit covers anything associated with the hospice diagnosis, including: medications, medical equipment, supplies, and the hospice care team. Medicare also continues to pay for covered benefits for any other unrelated health issues outside of your hospice diagnosis. Most private insurance plans also provide hospice benefits.

Myth #10: Patients are required to sign a Do Not Resuscitate (DNR) order.

Fact: Village Hospice is an open access hospice. You are not required to sign a DNR with Village Hospice. Our staff is available to assist the patient, and the family, with end-of-life decision-making.

Call us today at (816) 525-0986 or (877) 340-4006.

Our caring staff is available to answer your questions.