

MYTHS and FACTS about HOSPICE CARE

Myth: Hospice means that the patient will soon die.

Fact: Receiving hospice care does not mean giving up hope or that death is imminent. The earlier an individual receives hospice care, the more opportunity there is to stabilize his or her medical condition and address other needs. Some patients actually improve and may be discharged from hospice care. The emphasis of hospice care is symptom management and pain relief to provide the optimum quality of life for the patient and support for the family.

Myth: Hospice is only for cancer patients.

Fact: Hospice is for patients with a terminal disease. A large number of hospice patients have dementia, congestive heart failure, chronic lung disease, end-stage liver disease, or other conditions. Patients must meet medical criteria that determines their eligibility to receive hospice care.

Myth: Patients have to give up their own doctor.

Fact: Patients may keep their own physician, who will work closely with the Hospice Medical Director to plan and carry out care. Patients typically do not continue to make visits to their doctor, but call the Hospice agency to meet their needs and communicate with their physician(s).

Myth: Hospice is a place, like a hospital.

Fact: Although some hospices are inpatient facilities, hospice care usually takes place in the comfort of home, but can be provided in any environment in which an individual lives, including assisted living facilities, nursing homes, and residential care facilities. Currently, Lincoln Medical Home Health and Hospice provides hospice care in the patient's home and assisted living facilities.

Myth: Families have to pay for hospice care.

Fact: Hospice care is a Medicare benefit. Most private insurers also cover hospice care as well. The benefit will pay for all care, equipment, and medications associated with the patient's terminal diagnosis. Lincoln Medical Home Health and Hospice is committed to caring for all patients, regardless of an individual's ability to pay.

Myth: Patients can only receive hospice care for a limited amount of time.

Fact: The Medicare benefit, and most private insurance, pays for hospice care as long as the patient continues to meet the criteria necessary. Patients may revoke their hospice benefit at any time if they feel the need to resume more aggressive care. Patients can also re-enroll in hospice as their condition and needs warrant.

Myth: Hospice provides 24-hour care.

Fact: The hospice team includes nurses, social workers, home health aides, chaplains, and bereavement counselors. Members of the team visit patients intermittently, and are available 24 hours a day/7 days a week for support and care. Patients must have a reliable caregiver in the home who can help provide 24 . hour care for the patient. Hospice volunteers can help provide caregiver respite when needed.

Myth: All hospice programs are the same.

Fact: All licensed hospice programs must provide certain services, but the range of support services and programs may differ. Some programs are not-for-profit (such as Lincoln Medical Home Health and Hospice), and their revenue is used to provide patient care and community services, versus for-profit hospices, which are accountable to shareholders.

Myth: Hospice is just for the patient.

Fact: Hospice focuses on comfort, dignity, and emotional support. The quality of life for the patient, but also family members and others who are caregivers, is the highest priority.

For information about Hospice, contact:

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