

5 Commonly Accepted Myths About Hospice

When these misconceptions are accepted as truth, it can change the way people view hospice care.

Since the 1970's, hospice care has steadily grown in America as an accepted part of the health care system. The growing awareness of hospice's relationship to death and dying has generated a lot of controversy and fear which in turn has created some false ideas about what hospice care really is. Hospice organizations find themselves battling these myths as they have become a huge barrier between the providers and those who would benefit from their care. Here are 10 of the most common misconceptions about hospice care that exist in our community.

MYTH #1 Hospice is a place

How many times have you heard that someone has been *sent to* hospice? How many times have you heard that someone passed away in hospice care and instinctively visualized them dying in a facility? Many hospice providers do have inpatient facilities like our very own Morrison Manor, but those facilities are not where hospice patients must go to receive care. Hospice houses specialize in providing care to the patients whose pain and symptoms cannot be controlled at home. In many cases, patients who are admitted into inpatient care will return home; and most hospice patients are never admitted into inpatient care at all. Hospice is not a *place*, it is a philosophy of care that takes place wherever the patient calls home. This is typically their own home, but can also include nursing homes and assisted living facilities.

MYTH #2 Hospice means that the patient will die soon.

This one is tricky based on perspective. In order to receive hospice care, a patient

must have a terminal illness with a life expectancy of six months or less. So, if a patient is admitted into hospice care, death is expected to occur within the next few months. However, the misconception is that all hospice patients will die in days if not hours after being admitted. It is not uncommon to hear someone state that they had to admit a loved one into hospice care only to follow it up with a line like, "it will be any day now." The earlier that a patient receives hospice care, the more likely they are to benefit from all of the services that hospice provides. Many hospice patients live normal lives throughout the earlier stages of their end-of-life care. Some still do their own grocery shopping, visit family members, vacation, etc. Some patients even improve and come off of hospice care. In those cases, patients can be re-certified when hospice services are once again necessary. A patient in hospice care simply means that they unfortunately have a life-limiting illness, but it does not mean that life is over. Hospice is there to improve the quality of the life that is left, not to signify that it is time to die.

MYTH #3 Hospice is only available to cancer patients

There are still many people who are surprised to find out that hospice care is available to non-cancer patients. What is even more surprising is that according to the National Hospice and Palliative Care Organization, cancer patients currently only make up about 36% of all hospice admissions in the United States. At Scotland Regional Hospice, cancer patients only make up about 29% of admissions. Hospice appropriate patients can also include those with Alzheimer's, heart disease, lung disease, liver disease, stroke, ALS, and other illnesses. Contact hospice or your physician to find out if hospice is

right for you or your loved one.

MYTH #4 Hospice is only for the elderly

When people think about end-of-life scenarios, they typically envision older people. Unfortunately, most terminal illnesses do not have an age preference. The average age of those admitted into hospice care is getting younger and younger each year. The majority of hospice patients are 65 and older, but nearly 20% of hospice patients nationally are younger than 65 and there are even pediatric hospice services that care for children. At Scotland Regional Hospice, the patients under 65 make up 25% of all admissions.

MYTH #5 Hospice is expensive

A few Scotland County residents have expressed their concern over the high cost of hospice care. Several have stated that the expense is why they chose not to admit a loved one into hospice near the end of their life. Most hospice patients are 65 and older and have Medicare. Medicare pays for nearly all costs associated with hospice care with little to no out-of-pocket expenses. Medicaid and many private insurance companies also pay for hospice services. Non-profit hospice providers like Scotland Regional Hospice are typically able to offer care to those with the inability to pay. This means that there are rarely any financial burdens incurred by the family.

For more information about hospice care or myths associated with hospice care, call Scotland Regional Hospice at (910) 276-7176 or visit us on the web at www.scotlandhospice.org