

Hospice care isn't the difference between curative treatments and doing nothing. It's about helping the patient and family organize their wants, needs, and priorities in order to live a better life.

Talking about hospice care can be an emotional and difficult decision. Often times, patients and their families don't consider hospice care until the very late stages of disease. Understanding that hospice care isn't just for the last days of life is a misconception many patients and families have about hospice care.



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www.hospiceofthepiedmont.org

MYTHS AND REALITIES ABOUT HOSPICE CARE

PATIENTS AND FAMILIES, ALIKE, often have many misconceptions about hospice care. These misconceptions often lead to fear which creates a barrier to being able to talk about and even seek hospice care. Here are just a few to consider as you consider hospice care for either yourself or someone you love.

Myth: Only my physician can refer me for hospice services.

Reality: Anyone can refer someone for hospice care. It isn't uncommon for patients to refer themselves or to have a member of their family contact the hospice agency to start the conversation. Following that initial conversation, a Hospice of the Piedmont representative will contact the patient's physician to begin the referral process.

Myth: Hospice means that death will happen very soon.

Reality: Receiving hospice care does not mean that death is imminent. The earlier an individual receives hospice care, the more opportunity there is to stabilize the patient's medical condition and address other medical, psycho-social, and spiritual needs. In fact, hospice patients live, on average, 25% longer than patients with similar diagnoses who do not receive hospice care.

Myth: Hospice means giving up hope.

Reality: When faced with a terminal illness, many patients and their families tend to dwell on the imminent loss of life rather than on making the most of the life that remains. Hospice can help individuals understand that even though death can lead to sadness, anger and pain, it also can lead to opportunities for reminiscence, laughter, reunion and hope.

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

Reality: The Medicare benefit and most private insurance pay for hospice care as long as the patient continues to meet the necessary criteria. Patients can continue to receive the benefits of hospice care as long as the attending physician recertifies that the patient is in the terminal phase of their illness.

Myth: To be eligible for hospice care, a patient must be bedridden.

Reality: Hospice care is appropriate at the time of the terminal prognosis, regardless of the patient's physical condition. Many of the patients served through hospice continue to lead rewarding lives. Together, the patient, family and physician determine when hospice services should begin.

Myth: Hospice is a place.

Reality: Hospice care usually takes place in the comfort of an individual's home, but can be provided in any environment where a person lives, including a nursing home, assisted-living facility or residential care facility.

Myth: When a patient elects hospice, he or she no longer can receive care from the primary care physician.

Reality: Hospice of the Piedmont works closely with the primary physicians of our patients and considers the continuation of the patient-physician relationship to be of the highest priority.

Let's start the conversation.

Each year, Hospice of the Piedmont provides services to nearly 900 patients in our service area of Guilford, Forsyth, Davidson, and Randolph counties.

95% of all our patients are cared for in the comfort of their own home. As a supportive care partner, Hospice of the Piedmont helps empower the patient and their caregiver(s) by connecting the patient and their family to the care they need, on the terms they choose.



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Myth: When a patient elects hospice care, he or she cannot return to traditional medical treatment.

Reality: Patients always have the right to reinstate traditional care at any time, for any reason. If a patient's condition improves or the disease goes into remission, he or she can be discharged from hospice care and return to aggressive, curative measures. If a discharged patient wants to return to hospice care, Medicare, Medicaid and most private insurance companies and HMOs will allow readmission.

Myth: All hospice organizations are the same.

Reality: While each hospice organization provides the same type of services, the way each organization delivers those services varies greatly from one organization to another. Not-for-profit hospice organizations, like Hospice of the Piedmont, deliver services that are truly patient and family centered. Focusing on the needs of the patient and their family helps our staff connect our patients and their families to the care they need, on the terms they choose.

Myth: Hospice care is costly.

Reality: Hospice care is provided at little to no out of pocket expense to the patient or family.

When is hospice care right for you or someone you know?

When you're living or coping with diseases like:

- Late-Stage Alzheimer's/Dementia
- Advanced Heart Disease
- Advanced COPD (Chronic Obstructive Pulmonary Disease)
- Advanced Congestive Heart Failure
- Advanced Kidney Disease
- Hepatitis C, Cirrhosis, or other advanced liver disease
- ALS or Lou Gehrig's Disease
- Severely debilitating stroke
- Advanced Cancer (Stage IV)

If you or someone you know is living with any of these diseases, talk with us about how to start the conversation. Together, we can help improve the quality of life for the patient and everyone involved in the care of the patient.

Let's start the conversation.