



The Elizabeth Hospice



Myths and Facts About Hospice

MYTH: Hospice means giving up.

FACT: Caregivers at The Elizabeth Hospice recognize hope as a powerful, ever-changing force that continues throughout the time of living and the process of dying. Hospice offers hope for freedom from isolation, loneliness, loss of control and physical pain. Your family will be nurtured and supported with comprehensive grief counseling services during the end-of-life journey and after your loved one's death.

MYTH: Hospice is only for cancer patients.

FACT: Hospice care is available for all individuals with a life-limiting illness. It is not limited to any specific diagnosis.

MYTH: Hospice is a place to go to die.

FACT: The Elizabeth Hospice provides hospice care services in the patient's home or wherever the patient resides, including residential, skilled nursing and assisted living facilities. We adapt to the patient instead of asking the patient to adapt to us.

MYTH: Hospice is expensive.

FACT: Most insurance companies, including Medicare and Medi-Cal, cover the entire cost of hospice care. This includes medications, medical supplies and durable medical equipment such as a hospital bed, oxygen, wheelchair and other items associated with the hospice diagnosis. Most often there is no cost to the patient.

MYTH: Hospice will accelerate death.

FACT: The goal of hospice is not to prolong life nor hasten death, but to make the quality of life the best it can be in the patient's final months, weeks and days. There are no studies indicating that hospice can hasten death, but studies show that some patients live longer when receiving hospice services.



MYTH: Hospice requires the use of morphine.

FACT: Morphine may be used in small doses to help patients feel more comfortable. With all medicines, the choice to use them is made with the patient and family, not for them.

MYTH: If you choose hospice, you must give up all your interventions.

FACT: Hospice care is focused on making the patient as comfortable as possible. This means that some patients may choose to stop medications that have heavy side effects. People receiving hospice care are no longer receiving curative treatment. These decisions are made by the patient and their loved ones in consultation with the medical team.

MYTH: All hospices are the same.

FACT: All hospice providers are *not* the same. The Elizabeth Hospice is unique in several ways. As a nonprofit hospice, we provide care to everyone in the community; no one in need has ever been turned away for financial reasons. Our hospice caregivers are trained to care for veterans, addressing post-traumatic stress, depression, anxiety, survivor's guilt, and soul injury. Additionally, we offer veteran pinning ceremonies to honor and thank veterans for their military service. Our comprehensive grief support services which include individual counseling and support groups are open to all community members, regardless of patient affiliation or how their person died. And we pride ourselves on quality compassionate care. We earned the Gold Seal of Approval from The Joint Commission, an independent not-for-profit organization that certifies and accredits healthcare institutions across the US. This certification demonstrates our commitment to quality and dedication to excellence.

MYTH: Once you choose hospice there is no turning back.

FACT: You are free to leave a hospice program at any time for any reason, without penalty. You can re-enroll in a hospice program any time that you meet the medical eligibility criteria.

MYTH: You must have a “Do Not Resuscitate” (DNR) order to be on hospice.

FACT: The purpose and benefit of hospice care are to allow for a peaceful passing in a comfortable and familiar setting like home with loved ones nearby. While many people wish to have a DNR to avoid unnecessary medical intervention and hospitalization, you are not required to have a DNR to receive hospice care.

MYTH: You must give up your doctor and pick the hospice doctor.

You may keep your own physician who will work closely with the hospice team of healthcare professionals, including physicians, nurses, medical social workers and spiritual counselors to plan and carry out your care.

MYTH: Hospice is only used in the last few days of life.

FACT: Hospice care can begin when the patient's physician gives a prognosis of six months or less if the disease follows the expected course. Hospice often provides a level of comfort and support that results in many people outliving their expected prognosis.

MYTH: Pain is part of dying.

FACT: Not everyone who is dying will experience pain. Hospice care focuses on relieving pain and symptoms so that patients can make the most of every moment of living.

MYTH: Hospice is staffed by volunteers.

FACT: Hospices are staffed with professional caregivers. Volunteers are an extension of the paid staff, bringing specialized skills outside the scope of the professional staff, like massage, music therapy, hairdressing, etc.

MYTH: Hospice only lasts six months.

FACT: Hospice is for patients who have six months or less to live, according to a doctor, but it can be extended depending on the course of the particular illness.

MYTH: Hospice can only be brought up by a physician.

FACT: It is the patient's right and decision to determine when hospice is appropriate. A patient, family member or friend can call hospice to make a referral.

MYTH: Hospice only helps sick patients.

FACT: Hospice care is for people who have a terminal illness. But it can be provided for as long as the person's doctor and hospice care team certify that the condition remains life-limiting.

MYTH: The hospice team decides what end of life looks like for the patient.

FACT: The hospice team starts by asking patients and families about their goals of care. The care plan is then customized to the patient. No two patients are alike; neither are their care plans.

MYTH: The doctor decides which hospice the patient will use.

FACT: Patients can make their own choice about which hospice provider they want to use. Usually, patients get help with this choice from their family, medical providers, counselors and spiritual advisors. Hospice team members can help, too.

MYTH: If you are on hospice, you cannot go to the hospital.

FACT: Hospice patients can go to the hospital if the hospice team determines that hospitalization is necessary to control symptoms. Additionally, families that need time to recharge and refresh can rely on respite care, where the patient is admitted to a skilled nursing facility for three to five days to give the family a break from their day-to-day caregiving duties.

MYTH: Signing up for hospice is a complicated process.

FACT: The process for signing up for hospice is not complicated. Our hospice team is available to answer your questions 24 hours a day, 7 days a week. Call **800.797.2050** (toll-free).

We'll help you
find the right care
for yourself and
your loved ones.

Call **800.797.2050** to schedule a free meeting with
a team member from The Elizabeth Hospice.



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elizabethhospice.org