10 Common Myths About Hospice Care

Coming to terms with the fact that you or a loved one are facing a life-limiting illness can be extremely difficult to wrap your head around. It’s even more difficult to reach out to strangers with questions or for advice, even if they are medical professionals. That’s why the CaringEdge Hospice team has compiled a quick list of ten common misconceptions about hospice care, to hopefully answer some of the many questions likely running through your mind.

We’re proud to offer a transparent program that’s working to take the stigma out of end-of-life care and instead talk openly about what we’re all here to do: enable you or your loved one to be alert and pain-free, living each day as fully as possible and reaffirming life.

1. Hospice is giving up. It’s true that hospice care does not include curative treatment, or in other words, the patient is no longer being treated to cure his or her illness. However, this does not mean someone is giving up. Instead, hospice services are designed to provide comfort and improve quality of life for the patient and his or her family and friends during their remaining time together. The quality of care received while on hospice is just as high as being in any hospital or care facility; the focus of the care is just different.

2. Hospice is a place. Although there are medical facilities that provide hospice care exclusively, hospice is a philosophy of care it’s not the physical structure or place. Hospice services can be received wherever the patient and his or her loved ones prefer, including at home, in an Edgewood senior living community or in-patient.

3. Hospice is only for cancer patients. Hospice is available for any patient coping with a life-limiting condition that his or her hospice and primary doctors have certified is a terminal illness.

4. An immense amount of pain is just a part of dying. While pain is often a part of dying, hospice care professionals specialize in recognizing and managing pain at the end-of-life. Hospice doctors, nurses and other professionals are there to adjust care accordingly to help ensure comfort.

5. People pass away faster on hospice. Obviously, many hospice patients pass away while receiving hospice care. However, the truth is hospice care does not speed up death. In fact, those who choose to receive hospice care may actually live longer than those who choose not to.

6. You can only receive hospice care for a few weeks at the end of life. Hospice care can begin as soon as someone’s hospice and primary doctors certify he or she is terminally ill (expected to live 6 months or less). Hospice services are based on a 6-month time line, but when someone lives longer hospice care services can absolutely be extended.

7. Hospice care is only for the dying person. Hospice care is a comprehensive set of services that not only offers physical care and support to the patient but also spiritual and emotional support for the patient and his or her loved ones. Even after he or she passes, hospice services follow the family for a full 13 months.

8. Hospice means you no longer have a say in your care. Hospice care is the exact opposite of this myth! It’s patient-focused and designed to meet the wants and needs of each individual.

9. Hospice care is simply receiving pain medication. There are countless myths about hospice care and pain medications: hospice is only useful for administering pain medication or hospice patients are sedated so much that they sleep all the time or hospice requires that you give up all medication. None of these are quite accurate. Hospice care focuses on the wellbeing of the whole patient, including spiritual, emotional and physical care designed to make each individual as comfortable as possible. This means that some patients may choose to give up medications, some may choose to receive medications for pain management and still others may choose to increase their medication to feel less pain. The bottom line is each individual works with his or her hospice care team to make that choice.

10. Hospice patients must sign a Do Not Resuscitate (DNR) order. A signed DNR is not required to receive hospice care.