

Myth 15: Hospice is only needed or recommended for people who are in the last few days of life.

Reality: Hospice care can be a great help to you and your family as you face a life-limiting illness. Because of this, the need for hospice care can begin months before the last few days of life. This time will allow you to get to know those caring for you. Developing a good relationship with the hospice doctor and staff allows them to provide you and your family with a full range of services. Families often remark that they wish they had asked for hospice care much sooner.

Myth 16: Hospice cannot provide medications if you cannot take them by mouth.

Reality: The hospice team is particularly skilled in providing medications for those who cannot swallow. In these cases, medications are given in IV or patch form.

Myth 17: Palliative care and hospice are the same.

Reality: Palliative care and hospice are, in fact, different types of care. Palliative care is for individuals with advanced or chronic illnesses who may be continuing curative therapies, such as surgery, radiation, or chemotherapy. Anyone with a serious illness, *regardless of life expectancy*, can receive palliative care. Palliative care includes physician consultation, pain and symptom management, support for treatment decisions and services for the patients and family during their hospital stay. Ask your healthcare team if there is a Palliative Care Consultation Program near you.

Hospice is for individuals who are facing a life-limiting illness or injury and *have a life expectancy of six months or less*. Hospice provides symptom control and compassionate care for individuals and their families, regardless of where their care is being provided. The focus is on helping individuals retain dignity during the terminal phase of illness by managing pain and symptoms and maintaining the best possible life.

Myth 18: If my loved one does not have artificial hydration or nutrition, he or she will starve.

Reality: Not eating and drinking is a natural part of the dying process. Dehydration is not painful, and may help to relieve some symptoms, such as pain or anxiety.

We hope this information will be helpful to you and your family as you make healthcare decisions with your personal physician and healthcare team. If you would like more information or have further questions about hospice care, please feel free to call Methodist Hospice at 901-516-1600 to speak to a hospice professional.

Tennessee:
901-516-1600

Mississippi:
1-800-968-8326



Common Misconceptions About Hospice



www.methodisthealth.org



At Methodist Hospice we embrace the belief that the end of life doesn't have to mean the end of living. In the face of a life-limiting illness or injury, we are here to provide comprehensive care and comfort for patients and their families. Our goal is to help patients retain dignity by managing pain and symptoms, while also focusing on their social, emotional and spiritual needs.



There are many common misconceptions about hospice care. In an effort to provide our patients and their families with the information they need to make informed decisions, we have addressed some of the most common myths, along with the actual realities.

Myth 1: Hospice is just for people with end-stage cancer.

Reality: Hospice is open to anyone with a serious health problem including Alzheimer's, heart failure, kidney failure, stroke, cancer and other life-limiting illnesses.

Myth 2: If I choose hospice, I cannot be admitted to the hospital.

Reality: If at any time after entering hospice care your symptoms cannot be managed at home, we will arrange hospital admission.

Myth 3: I won't be able to afford hospice care.

Reality: At Methodist Hospice, we evaluate all requests for hospice care. If you have Medicare, you are covered by the Medicare Hospice benefit. If you have Medicaid or TennCare, you also have coverage. Most private insurance also covers hospice services. No patient is turned away because of an inability to pay.

Myth 4: If I am in a nursing home, I cannot receive hospice care.

Reality: Methodist Hospice does offer care to patients in nursing homes through contracts with those nursing homes. For more information about whether or not a particular nursing home is contracted for hospice care, call (901) 516-1600. Keep in mind, Medicare will not pay for a skilled bed in a nursing home and hospice at the same time.

Myth 5: I cannot continue to see my personal doctor.

Reality: Because Methodist Hospice coordinates your care with your physician, you may continue to see your own personal doctor. In other instances, your physician may arrange for your care to be co-managed with our hospice physicians or may ask

one of our hospice physicians to take over your care completely. If your physician asks one of the hospice physicians to become your primary doctor, he/she is still welcome to help with your care at any time.

Myth 6: If I choose hospice care, I cannot change my mind.

Reality: After beginning hospice care, you can choose to stop at any time. If you decide to revoke (stop) hospice care, you can re-enter later.

Myth 7: Are all hospice programs the same?

Reality: All hospice programs are required to provide core services. Each hospice may choose to provide additional services, such as doctor home visits and intravenous nutrition.

Myth 8: If I live longer than six-months after entering the hospice program, I'm no longer eligible for hospice care.

Reality: Hospice services are regulated by Medicare guidelines which state a patient is eligible for hospice if the physician believes the patient's prognosis is six-months or less. If you improve beyond six months, you may leave hospice and are eligible to re-enter the program at any time in the future when services are needed.

Myth 9: I have to be homebound to receive hospice care.

Reality: Hospice does not require a patient to stay at home or remain homebound. We encourage patients to enjoy life by continuing to participate in their normal activities, family life, trips or vacations.

Myth 10: If I enter a hospice program, I can never consider additional treatment or clinical trials.

Reality: At any time if you choose an additional or alternate treatment, you may revoke (stop) hospice care. When the treatment is complete, you may re-enter hospice.

Myth 11: I must sign a DNR (Do Not Resuscitate) to be eligible for hospice care.

Reality: Methodist Hospice does not require a DNR in order to be eligible for hospice care. This may be different at other hospice programs at other organizations. We encourage you to talk with your family and make them aware of your wishes.

Myth 12: If I leave my personal residence to move in with family or into a long-term care facility, I cannot receive hospice care.

Reality: Methodist Hospice can provide home services to you even if you live with family or in a long-term care facility. Our service area includes the west Tennessee counties of Shelby, Tipton, and Fayette and the north Mississippi counties of Desoto, Tunica, Tate and Marshall.

Myth 13: Hospice provides in-home companion care 24-hours a day, 7-days a week.

Reality: Hospice programs do not provide round-the-clock companion services, but nurses, aides, social workers, chaplains, and volunteers are available for a scheduled visit any time. They are accessible by phone 24-hours a day, 7-days a week for you and your family. There are also occasions when our physicians make home visits for specific patient needs. If you would like to arrange round-the-clock companion care, most social workers can provide you with a list of agencies that provide this care.

Myth 14: Once I enter hospice care, I will no longer be able to receive my current medications.

Reality: Hospice will not take away your medications. Nurses will review your current medications with you and your caregiver(s), and the physician may recommend stopping any that are no longer needed. Medications necessary to manage pain and other symptoms related to your condition will be provided at no charge. You always have the option of paying for other particular medicines.