



SPEAKING UP FOR YOUR CARE

## FREQUENTLY ASKED QUESTIONS ABOUT HOSPICE CARE

Hospice care is for people who have a terminal illness, with a life expectancy of six months or less, and who have chosen to focus on **comfort care** (*medical and other care to provide relief from distressing symptoms*) over **curative care**, (*medical treatment to cure disease and promote recovery*).\*\* The hospice philosophy believes that every person deserves to live out his or her life with respect and dignity, alert and free of pain, in an environment that promotes quality of life. From its beginnings, hospice has focused on the whole person – body, mind, and spirit – with an understanding that serious illness and the dying process profoundly impacts not only the patient, but also loved ones and caregivers.

**\*\*NOTE: Veterans may be eligible to receive hospice services while receiving curative treatment and without a six-month life expectancy. Ask your VA doctor or representative.**

- 1. Is hospice only for cancer patients?** No. Hospice care is for people with any terminal illness. While many hospice patients do have cancer, the majority have other life-limiting illnesses such as end-stage heart, lung, or kidney disease, or Alzheimer's and other dementias.
- 2. Can disabled people receive hospice care?** Yes. Individuals with intellectual and developmental disabilities generally die of the same illnesses and conditions present in the general population. While state and local regulations may be barriers in some areas, the same hospice care provided to any patient is generally available to those with disabilities, whether in a group home or other residential setting, and services can include support for direct-care staff. It is important to recognize and respect that many individuals with disabilities have the capacity to participate in decisions about their end-of-life care, and should be informed about their illness, the options available, and the type of care those choices involve.
- 3. Isn't it the doctor's responsibility to make a referral for hospice?** Anyone may make a referral for a hospice evaluation. Hospice will then contact the patient's doctor to gather information about whether hospice care is appropriate. Since hospices consistently hear from patients and families that they wish they had begun hospice sooner, it is a good idea to let your physician know that you are open to discussing hospice care earlier rather than later.
- 4. Does hospice require a DNR (Do Not Resuscitate) Order?** No. The goal of hospice care is to allow for a peaceful death in a comfortable and familiar setting with loved ones near. 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. If you do not have an advance directive and wish to have one, the hospice provider will assist you with this.

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5. **Will hospice allow me to continue taking my medications and receive medical care if needed?** The hospice provider will address the illness that qualifies the patient for hospice services. However, the patient is free to continue seeking treatment and taking medications for unrelated illnesses or conditions, such as depression, high blood pressure, infection, a broken bone, etc.
6. **Does choosing hospice mean giving up hope?** Hospice is medical care toward the goal of comfort and dignity for someone whose life is drawing to a close, who is transitioning to the spiritual realm. There are different goals and hopes. While a cure and recovery may not be possible, hospice focuses on helping patients and their loved ones live life to the fullest during the time they have remaining together.
7. **Does choosing hospice mean I'm going to die soon?** Hospice is intended to provide months of care and support. Many people think that hospice is only for the last few days or weeks of life. In fact, patients and families benefit from beginning hospice much earlier. The most frequent feedback received from families on customer surveys is that they wish they had started hospice sooner.
8. **Are all hospices the same?** There are thousands of hospices in the United States. If they participate with Medicare, as most do, they are required to provide certain services. In that respect, they are the same. However, hospices may be nonprofit or for-profit; they may be community-based or serve many cities or states from a central location; they may be independent or part of a larger organization. While all hospices that are Medicare-certified meet the same basic requirements, there are differences from one provider to the next. *See our "Choosing a Hospice Provider" and "Hospice & Palliative Care Providers" handouts.*
9. **Is hospice care expensive?** Hospice is not a financial burden. Hospice is covered by Medicare, Medicaid and most private insurance companies. In addition, medical equipment, incontinence and other supplies, and prescriptions related to the life-limiting condition are often covered. Veterans have additional benefits provided through the VA.
10. **Once I am enrolled in hospice, will all of my care be paid for by Medicare/insurance?** No. Hospice does not provide 24-hour care. Room and board at a facility and non-medical care in the home are not covered by the Medicare benefit. Hospice is a family-oriented program, and the team will support and teach your caregivers to provide the care you need. In addition, the hospice provider may be able to assist you to locate other resources to provide this care. Persons eligible for Medicaid will have most expenses covered.
11. **What happens if I change my mind about hospice?** 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.

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