COMMON MISCONCEPTIONS REGARDING HOSPICE

- **Hospice is where you go when there is nothing more a doctor can do.**
  Hospice is care designed for patients with a life-limiting illness. Hospice is not where you go to die, rather hospice professionals are trained to assist patients in living their lives fully, completely, and without pain until the end of their lives.

- **To be eligible for hospice, I have to be in the final stages of dying.**
  Hospice patients and families receive care for an unlimited amount of time, depending upon the course of the illness. There is no fixed limit on the amount of time a patient may continue to receive hospice services.

- **Quality care at the end of life is very expensive.**
  Medicare beneficiaries pay little or nothing for hospice. For those ineligible for Medicare, most insurance plans, HMO’s, and managed care plans cover hospice care.

- **If I chose hospice care, I have to leave my home.**
  Hospice care is provided wherever the patient may be: in their own home or a family member’s, a nursing home, or an assisted living facility. Hospice is also provided in in-patient units, VA Hospitals, and some correctional facilities.

- **Families are not able to care for people with life limiting illnesses.**
  Family members are encouraged, supported, and trained by hospice professionals to care for their loved ones. Hospice staff is on call to the patient and their families 24 hours a day, 7 days a week, to help family and friends care for their loved ones.

- **Hospice care is only for cancer or AIDS patients.**
  Fifty percent of hospice patients are diagnosed with conditions other than cancer or AIDS.

- **Hospice is just for the elderly.**
  Hospice is for anyone facing a life-limiting illness, regardless of age.

- **There’s no hospice in my area.**
  Less than one percent of Medicare beneficiaries live in an area where hospice is not available.

- **After the patient’s death, hospice care ends.**
  Bereavement services and grief support are available to family members for up to one year after the death of a patient.