

Choosing Hospice Care

Hospice is a special form of care designed to provide comfort and support to patients and their families when a terminal illness no longer responds to medical curative treatments. Hospice care neither prolongs life nor hastens death. The goal of hospice care is to improve the quality of a patient's last days by offering comfort and dignity. The care addresses all symptoms of a disease, with a special emphasis on controlling a patient's pain and discomfort. Hospice also deals with the emotional, social and spiritual impact of the disease on the patient and the patient's family and friends. There are also a variety of bereavement and counseling services available to families before and after a patient's death.

The word "hospice" stems from the Latin word "hospitium," meaning guesthouse. It was a term originally used for a place of shelter for weary and sick travelers returning from religious pilgrimages. In the 1960s, Dr. Cicely Saunders, a British physician, established St. Christopher's Hospice near London, beginning the modern hospice movement. The first hospice in the United States was established in New Haven, Connecticut, in 1974.

Hospice is not a place. Eighty percent of hospice care is provided in the home and in nursing homes, with inpatient units sometimes available to assist with caregiving.

Hospice care is provided by a team-oriented group of specially trained professionals, volunteers and family members. Hospice staff and volunteers offer a specialized knowledge of medical care, including pain management. Hospice providers have the skills and resources to permit persons to live as pain-free, as comfortable, and as full a life as possible.

While many people view hospice as an unnecessary or frivolous aspect of care, others see it as a respectful and peaceful way of treating patients with terminal and painful illnesses. Without the pain relief, emotional support and spiritual guidance that hospice offers, physician-assisted suicide may look like a reasonable alternative to dying people in distress. Hospice care is a choice made to enhance life for a dying person. A person with a terminal disease can have the option to die at home with the support of family, friends and caring professionals.

THE COMMON MYTHS OF HOSPICE

- Myth #1 Hospice is a place.** Hospice care takes place wherever the need exists. About 80 percent of hospice care takes place at home.
- Myth #2 Hospice is only for people with cancer.** More than one-fifth of hospice patients nationwide have diagnoses other than cancer. In urban areas, hospices serve a large number of HIV/AIDS patients. Increasingly, hospices are also serving families coping with the end-stages of chronic diseases, like emphysema, Alzheimer's, and cardiovascular and neuromuscular diseases.
- Myth #3 Hospice is only for old people.** Although the majority of hospice patients are older, hospices serve patients of all ages. Many hospices offer clinical staff with expertise in pediatric hospice care.
- Myth #4 Hospice is only for dying people.** As a family-centered concept of care, hospice focuses as much on the grieving family as on the dying patient. Most hospices make their grief services available to the community at large, serving schools, churches and the workplace.
- Myth #5 Hospice can only help when family members are available to provide care.** Recognizing that terminally ill people may live alone, or with family members unable to provide care, many hospices coordinate community resources to make home care possible. Or they help to find an alternative location where the patient can safely receive care.
- Myth #6 Hospice is for people who don't need a high level of care.** Hospice is serious medicine. Most hospices are Medicare-certified, requiring that they employ experienced medical and nursing personnel with skills in symptom control. Hospices offer state-of-the-art palliative care, using advanced technologies to prevent or alleviate distressing symptoms.
- Myth #7 Hospice is only for people who can accept death.** While those affected by terminal illness struggle to come to terms with death, hospices gently help them find their way at their own speed. Many hospices welcome inquiries from families who are unsure about their needs and preferences. Hospice staff are readily available to discuss all options and to facilitate family decisions.
- Myth #8 Hospice care is expensive.** Most people who use hospice are over 65 and are entitled to the Medicare Hospice Benefit. This benefit covers virtually all hospice services and requires little, if any, out-of-pocket costs.
- Myth #9 Hospice is not covered by managed care.** While managed care organizations (MCOs) are not required to include hospice coverage, Medicare beneficiaries can use their Medicare hospice benefit anytime, anywhere they choose.