



Common myths of hospice care



Myth 1: Hospice is a place.

Hospice care takes place wherever the need exists - usually within the patient's home. About 70 percent of hospice care takes place where the patient lives.

Myth 2: Hospice is only for people with cancer.

More than one-half 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, 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 members with expertise in pediatric hospice care. Almost 20 percent of hospice patients are under 65 years of age.

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 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.

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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 members are readily available to discuss all options and 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. This means that there are no financial burdens incurred by the family, in sharp contrast to the huge financial expenses at the end of life which may be incurred when hospice is not used.

Myth 9: Hospice is for when there is no hope.

When death is in sight, there are two options: submit without hope or live life as fully as ever until the end. The gift of hospice is its capacity to help families see how much can be shared at the end of life through personal and spiritual connections often left behind. It is no wonder that many family members can look back upon their hospice experience with gratitude, and with the knowledge that everything possible was done to ensure a peaceful death.

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