Hospice Care - Dispelling the Myths

Despite continual growth in awareness and access, society still harbors many myths about hospice and the care it provides. In this booklet we address common myths so you can feel confident in your end-of-life care choices.

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Despite continual growth in awareness and access, society still harbors many myths about hospice and the care it provides. These misconceptions contribute to the underutilization of hospice services. This is unfortunate because many patients with life-limiting illnesses could benefit from expert pain and symptom control, as well as the emotional, social, and spiritual support that hospice care can provide. Learn the truth behind ten common hospice myths that contribute to the stigma surrounding this form of end-of-life care.

Myth 1 - Hospice is a place.

FACT: Hospice is a philosophy of care that focuses on comfort rather than a cure. Hospice is about making the most of each day and enjoying the best quality of life possible. Hospice care is provided wherever the patient calls home, whether that's in their own home, a group home, assisted living facility or long-term care facility.

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Myth 2 - Hospice is for when there is no hope or when "nothing else can be done."

FACT: Hospice is the "something else that can be done" for the patient and their family when their illness cannot be cured. Hospice is not an end to treatment – it is a shift to comfort-oriented treatment that is focused on helping the patient live his or her life to the fullest. In addition to managing the pain and the symptoms, hospice provides extensive counseling and social service support to address the emotional and spiritual aspects of coping with a terminal illness.

Myth 3 - Hospice is only for people with cancer.

FACT: While about half those receiving hospice care are cancer patients, the other half suffer from illnesses including heart disease, lung disease, dementia, CVAs/strokes, HIV/AIDS, debility, and neuromuscular diseases, among others.

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Myth 4 - Hospice is expensive.

FACT: Hospice is a fully funded Medicare/Medicaid benefit, unlimited in length, and is covered by most private insurance companies. Most plans cover hospice care, medications, supplies and equipment related to the hospice diagnosis with no out of pocket expense to the patient.

Myth 5 - All hospice care is the same.

FACT: While all hospices must follow the same rules and regulations, how they interpret them can be very different. This can result in very different levels of care. Each hospice is an independent entity and there are over 4300 hospices operating in the United States. It is important to understand the differences amongst providers in your area to make the best choice.

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Myth 6 - Hospice will only treat symptoms related to the terminal diagnosis.

FACT: Hospice specializes in palliative care – that is, care designed to provide comfort. Providing that comfort requires treating illnesses unrelated to their terminal illness. Illnesses or injuries like UTIs, pneumonia and broken bones always receive appropriate attention.

Myth 7 - Therapies such as blood transfusion and radiation automatically exclude a patient from hospice.

FACT: Many therapies that once prohibited a patient from obtaining hospice services are now considered on a case-by-case basis. These therapies must be utilized for palliative purposes only, and not as an attempt to “cure” the illness. Call your local hospice provider to discuss these options.

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Myth 8 - Patients must sign a Do Not Resuscitate (DNR) prior to an admission to hospice.

FACT: Although the majority of hospice patients choose to sign a DNR prior to entering hospice care, it is not required for admission. If a patient or family makes the decision to sign a DNR, the document may be signed at any time.

Myth 9 - In order to refer a patient to hospice, a physician must be certain that the patient will die in 6 months.

FACT: It is not uncommon for many hospice patients to exceed their initial prognosis of 6 months or less. In fact, several patients each year are discharged from hospice care after a significant improvement in their overall health.

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Myth 10 - Physicians lose control of the Plan of Care when their patients enter hospice care.

FACT: The referring physician is a vital member of the hospice team. In fact, many physicians find that hospice greatly enhances and extends the care they can provide. Physicians can also choose to remain attending for the patient which allows them to bill insurance carriers for all services the they provide related to the terminal diagnosis.

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VIA Health Partners Regional Locations

North Carolina

Location	Phone
South Charlotte	704.375.0100
Davidson	704.375.0100
Lincolnton	704.375.0100
Shelby	704.487.4677

South Carolina

Location	Phone
Clinton	864.833.6287
Fort Mill	803.548.3708
Greenville	864.438.3900

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VIA Health Partners Hospice House Locations

Huntersville, NC

Levine & Dickson Hospice House - Huntersville
704.375.0100

East Charlotte, NC

Levine & Dickson Hospice House at Aldersgate
704.375.0100

South Charlotte, NC

Levine & Dickson Hospice House at Southminster
704.375.0100

Shelby, NC

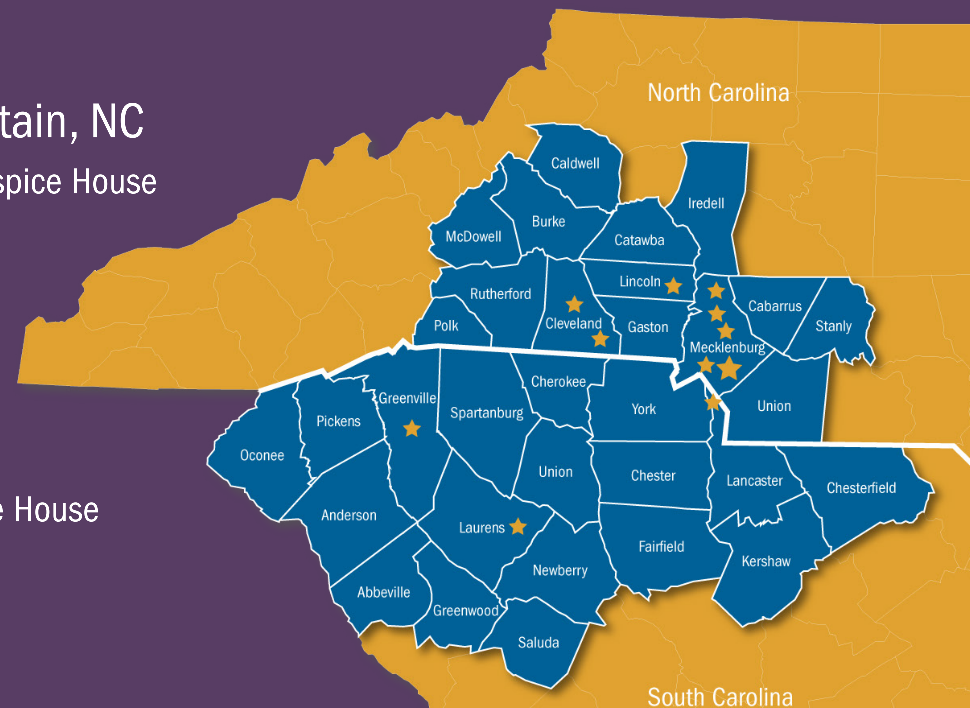
Wendover Hospice House
704.487.7018

Kings Mountain, NC

Testa Family Hospice House
704.751.3918

Clinton, SC

Laurens Hospice House
864.833.6287



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To refer yourself or a loved one...

Call: 833.839.1113
Fax: 704.375.8623

Message Us Online at:
www.viahp.org/contact-form

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