

myths and facts

About Hospice

Myth: Hospice is a place where patients are sent, like a hospital.

Fact: Hospice is specialized care and can be provided in a private home, a skilled nursing facility, an assisted living setting or even a hospital.

Myth: Hospice is only for cancer patients.

Fact: Hospice can benefit anyone facing a life limiting illness.

Myth: Hospice is only for people who will live less than six months.

Fact: No one can be certain how long a person will live. A physician can only say that if the patient's disease follows its expected progression, his or her prognosis is six months or less.

Myth: Hospice does not medically treat the patient.

Fact: Hospice services are provided by a medically supervised team of professionals and volunteers. Hospice manages the clinical, emotional and spiritual symptoms to provide exceptional end-of-life care.

Myth: Hospice is a substitute for family care.

Fact: Hospice provides support and education to families to assist in caring for their loved ones. Our philosophy is that every family member or caregiver is affected by the patient's illness and needs education, support and care.

Myth: Hospice is expensive.

Fact: Hospice care is a benefit under Medicare, Medicaid (in some states) and many private insurance companies. The

patient and family may see a cost savings with the following:

- Certain medications
- Equipment related to terminal illness

No patient is ever discharged from hospice services because of an inability to pay for them.

Myth: Hospice patients cannot receive intravenous (IV) therapy or feeding tubes.

Fact: IV therapy and/or feeding tubes may be appropriate for a hospice patient. Patients are evaluated on a case-by-case basis by your personal physician and/or the hospice physician.

Myth: Hospice patients must have a “do not resuscitate/do not intubate” order.

Fact: Hospice patients are not required to have signed a DNR/DNI order. Our hospice team will continue to provide education to the patient and family regarding advance directives and end-of-life decisions.

We frequently hear “I wish I had known about AseraCare sooner...”

Getting the facts won't take away the life limiting illness, but it will help you understand what to expect.

IF YOU THINK SOMEONE YOU KNOW MIGHT QUALIFY FOR HOSPICE SERVICES, PLEASE CALL US.

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