



Setting the Record Straight – *Debunking the Myths about Hospice*

By Peter P. Wong, MD, Medical Director, Hope Hospice

While the need for hospice care is well recognized as an integral part of providing optimal care to terminally ill patients, many myths and misconceptions abound. Let me address just a few of them.

Myth: *Hospice means there is no hope.*

Reality: Receiving hospice care does not mean giving up hope or that death is imminent. The earlier an individual receives hospice care, the sooner distressing symptoms such as pain, difficulty breathing and weakness can be addressed as well as safety, nutrition, medication supervision and family issues. End-of-life care is not an exact science and a prognosis of “six months or less” is only a guideline for the physician’s best clinical judgment concerning the normal course of the patient’s illness.

Myth: *Hospice is only for cancer patients.*

Reality: Patients with other life-limiting conditions such as advanced heart, kidney, lung and liver disease, or dementia who do not want to have aggressive treatment are eligible for hospice care. For example, a frail stroke or dementia patient who requires total care, cannot swallow and does not want a feeding tube would be appropriate. Also patients with an end-stage renal disease who discontinue dialysis would benefit from hospice care. Nearly half of those in hospice are non-cancer patients.

Myth: *All Hospices are the same.*

Reality: All hospice programs must provide certain services, but the range of expertise, credentials, support services and programs may differ. At Hope Hospice we take tremendous pride in the exceptional care and depth of the support programs we provide. Hope Hospice is a non-profit hospice agency accredited by The Joint Commission with deep ties to our local communities that go back more than 30 years.

Myth: *Once a patient chooses hospice care, he or she cannot return to traditional medical treatment.*

Reality: If a patient’s condition improves or the disease goes into remission, he or she can be discharged from hospice care and can return to aggressive, more curative measures, if so desired. If a discharged patient wants to return to hospice care, insurance plans will allow readmission if their condition declines and they are once again hospice eligible.

Myth: *Hospice provides visits only by nurses*

Reality: Hospice care is composed of a team of nurses, social workers, hospice physicians, home health aides, volunteers, chaplains and bereavement counselors. Visits are based on individual needs, but telephone advice and urgent care for support are available 24/7.

Myth: *A patient needs insurance to have hospice services.*

Reality: Most private insurance plans and HMO’s, as well as Medicare and Medi-Cal have hospice as a benefit. However, Hope Hospice does not refuse any patient who lacks insurance coverage. Through community contributions, Hope Hospice is able to provide care for patients regardless of their insurance status.

Myth: *Patients on hospice can no longer receive care from their primary care doctor.*

Reality: Hope Hospice endorses the patient/primary care physician relationship by encouraging continuing visits, according to the primary care physician’s preference. Hope Hospice staff work closely with primary physicians and they are considered part of the hospice team.

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