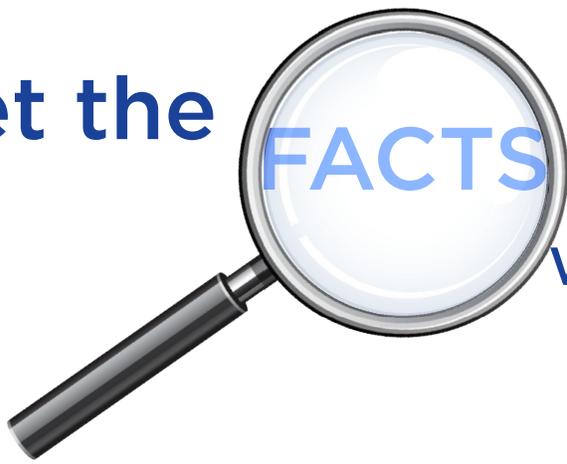


Get the

FACTS



What Hospice is... and What it isn't

Myth: Hospice is where you go when there is “nothing else to be done.”

Fact: Hospice is the “something more” that can be done for the patient and the family when illness cannot be cured. It is a concept based on managing symptoms and comfort-oriented care. Choosing *Hospice of Marion County* is a transition into another mode of therapy that can improve quality of life.

Myth: Hospice means giving up hope.

Fact: Choosing hospice care in no way means a patient is giving up hope. It helps patients reclaim the spirit of life. It helps them understand that even though it can be a time of sadness, it can also lead to opportunities for reminiscence, laughter, reunion, and hope.

It may mean redefining the word ‘hope.’ Where a patient once hoped for a cure they may now hope to be at peace. Hope for a patient may mean seeing a distant friend or relative or taking the trip to the beach. Hope could be as simple as wanting to spend time at home with loved ones.

Myth: Hospice is only for cancer patients.

Fact: The majority of hospice patients, about 55%, are admitted to hospice with non-cancer diagnoses. That means less than 50% of hospice patients have cancer. Some of the most common non-cancer diagnoses are heart disease, dementia, lung disease, kidney disease, and liver disease. The Hospice of Marion County team is equally skilled at managing symptoms of cancer and other chronic illnesses.

Myth: Hospice care is more expensive.

Fact: Frequently it is less expensive than conventional care during the last six months of life. Additionally, patients eligible for Medicare or Medicaid will pay few out of pocket expenses related to their hospice care. Most private insurers also cover some or most hospice related expenses.

Myth: Hospice is a place.

Fact: Hospice is mainstream medicine that focuses on comfort care when a cure is not longer possible. Hospice care usually takes place in the comfort of an individual’s home, but can be provided in any environment in which a person lives, including a nursing home, assisted living facility or residential care facility, such as our four hospice houses, which also provide acute inpatient care.

Myth: Hospice means that the patient will soon die.

Fact: Receiving hospice care does not mean giving up hope or that death is imminent. The earlier an individual receives hospice care, the more opportunity there is to stabilize a patient’s medical condition and address other needs. In fact, recent studies show in many cases patients do live longer due to the absence of pain and the higher quality of life they enjoy once on hospice care.

Myth: Hospice is just for the patient.

Fact: Hospice focuses on comfort, dignity and emotional support, treating the family as the unit of care. The quality of life for the patient is the highest priority.

Myth: Once a patient comes on hospice, he or she can no longer receive care from the primary care physician.

Fact: Hospice reinforces the patient-primary physician relationship by advocating either office or home visits, according to the physician's preference. Hospices work closely with the primary physician, as well as any physician the patient chooses to be part of the care team.

Myth: Hospice stops feeding patients and they become dehydrated and starve to death.

Fact: Hospice encourages patients to eat and drink what and whenever they want. It is natural for some patients to not feel hunger or thirst.

Myth: Patients on hospice have all their existing medications and treatments taken away.

Fact: Current medications and treatments are reviewed by the hospice physician and nurse, as well as by the patient and family. Hospice pays for medications and supplies related to the hospice diagnosis.

Myth: Hospice gives the patient so much medicine the patient is out of touch, sleeps too much and becomes addicted to pain medication.

Fact: One of the goals of hospice care is to make the patient comfortable, pain free and as alert as possible. Medications are adjusted to suit each patient's needs.

Myth: Hospice provides care only during the last hours of a patient's life.

Fact: To receive the full benefits of hospice care, it is recommended that patients come on the program with a six-month prognosis. It takes time to develop trusting bonds with the hospice team and to maximize comfort measures, ensuring the best quality of life possible during one's last months. The hospice team values the relationships that are built and enjoy getting to know their patients.

Myth: The Medicare benefit is the same as the Medicare Hospice Benefit.

Fact: The Hospice Medicare Benefit provides more services and coverage than standard Medicare. For example, Part A under the Hospice benefit takes care of not only inpatient care but also care in one's home (house calls by our doctors, nurses, social workers and others on the care team). The Hospice benefit also covers medications related to the terminal diagnosis, as well as medical equipment and supplies, all delivered directly to the patient's home.

Myth: All hospice programs are the same.

Fact: All licensed hospice programs must provide certain services, but the range of support services and programs may differ. Hospice of Marion County is not-for-profit, which means revenue is used to support patient care, community programs and unfunded services.

Learn more at:

www.hospiceofmarion.com

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