

Find the Answers To Our Most Frequently Asked Questions About Hospice.

Q: When should a decision about Hospice be made?

A: When a patient faces terminal illness, the physician and family should discuss all options for care, including hospice. Beyond the patient's physician, you should feel free to discuss hospice care with the hospice referral liaison, other health care providers or clergy. Patients have the right to choose hospice care. Hospice does treat you, but the treatment plan targets on controlling symptoms, not curing the disease.

Q: Are patients ever discharged from Hospice?

A: Yes. If the patient's condition improves and they no longer meet hospice criteria, the patient will be discharged from hospice. The discharged patient can re-enter the program at a later time if needed. Patients may also stop hospice services, if they wish to seek aggressive treatment.

Q: How is Hospice paid for?

A: Medicare, Medicaid, Tri-Care, and most private insurance companies cover hospice care.

Q: Does Hospice do anything to make death come sooner?

A: No. Hospice does nothing to hasten the end of life. Our goal centers on comfort and support. Hospice allows death to occur naturally while being there to provide support and knowledge during the dying process.

Q: Does someone need to be with the patient at all times?

A: If the patient is able to get up and care for their activities of daily living, it will not be necessary to have someone with them all the time. However, if the patient is bedridden, hospice recommends someone staying with the patient all the time.

Q: What if I can no longer manage my loved one at home?

A: Your hospice team can support you. However, you must let us know your concerns. If you feel unable to manage at home, your hospice team will work with you on a long-term placement.

Q: Can the patient return to the hospital?

A: Most symptoms and many procedures dealt with in the hospital can be managed at home. If necessary, hospice nurse assesses your situation, discusses it with you and your physician and makes arrangements for hospitalization. Patients may be hospitalized for symptom control, caregiver crisis or impending death.

Q: Can I still go to see my doctor?

A: Yes. Please let your hospice nurse know if you have any doctor's appointments.

Q: Must I have a "Do Not Resuscitate" (DNR) order to be on Hospice?

A: No, you do not have to have a DNR order. You have the right to choose the type of care you wish to receive. However, you should discuss DNR status with your physician.