

# EARLIER TRANSITIONS = BETTER QUALITY OF LIFE



## FREQUENTLY ASKED QUESTIONS CHOOSING HOSPICE



**Hospice** is a special kind of care for individuals with a serious illness who are approaching the end of their life. Hospice may be considered when medical treatments can no longer cure a disease, or when the burden of treating symptoms outweighs the benefit of treatment. Hospice care focuses on comfort and quality of life.

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**Q Why would I choose hospice care?**

**A** If you have a life-limiting illness with a prognosis of 6 months or less and would like to receive additional care and support provided by a relational care team, hospice may be the right choice for you.

Rather than trying to cure your disease, hospice care focuses on pain and symptom management, emotional and spiritual support, and help for your family and caregivers. The goals of hospice include maximizing your comfort and quality of life during your remaining time.

Although end-of-life care can be difficult to discuss, talking about hospice allows you to make educated decisions about your care and consider your preferences before a crisis occurs.

**Q Does hospice mean I'm giving up?**

**A** Not at all. Choosing hospice simply means you are changing your focus and your care goals. Rather than focusing on curing your disease, your care goals become focused on maintaining the highest quality of life possible during the time you have left.

**Q Who qualifies for hospice?**

**A** A person generally qualifies for hospice care if their doctor believes they have a prognosis of 6 months or less and meet other criteria based on their diagnosis. The patient also agrees to discontinue aggressive treatments. It is important to note that not all terminal illnesses have a predictable course, however, so an individual may receive hospice services beyond a 6-month period.

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**Q Who decides whether I go on hospice?**

**A** You do. The decision is yours, made together with your physician and your loved ones.

**Q Is hospice care only appropriate during the last few days of life?**

**A** No. While some people choose hospice care in their final days, most patients are eligible for hospice much sooner.

Hospice care is focused on relationships, and care team members support the whole person. Choosing hospice before the last few days of life allows time for relationships with your care team members to develop. It also ensures you and your loved ones can take advantage of the many benefits hospice care can offer.

**Q Who pays for hospice?**

**A** Medicare, Medicaid, and other medical insurance policies cover the cost of hospice care. Each hospice provider may provide slightly different services, based on set limits determined by your insurance policy. If you have any questions about specific services a hospice provides, or what your policy covers, ask your care team member or doctor.

Most hospices also accept private payment, referred to as “self-pay.” This may be an option if you are uninsured.

**Q Does hospice care require me to give up all medical treatments and medications?**

**A** Not necessarily. As long as your treatments or medications are not an aggressive form of therapy meant to cure or control your life-limiting illness, you can likely continue taking them. For example: you can continue taking routine medications for chronic conditions like high blood pressure or diabetes, or an antibiotic if you get an infection.

Members of your hospice medical team will help you determine which of your medications and treatments may no longer be necessary.

**Q Where is hospice care provided?**

**A** Hospice care can be provided in your home or home-like setting, as well as inpatient settings including skilled nursing facilities, assisted living facilities, inpatient hospice units, and hospitals. Your doctor and the hospice medical director will help you and your loved ones decide which setting is right for you.