Here are some of the most common misconceptions about hospice, along with the facts about this special kind of care.

**MYTH:** Only the elderly can be admitted to hospice care.
**FACT:** Anyone who has been diagnosed with a life-limiting illness can be admitted.

**MYTH:** Hospice only works with cancer patients.
**FACT:** Hospice care is offered to anyone with a life-limiting illness.

**MYTH:** Hospice should be contacted when death is imminent.
**FACT:** Hospice services are most beneficial to patient and families when a patient is referred as soon after terminal diagnosis as possible.

**MYTH:** Hospice services are only provided in a hospice residence.
**FACT:** Hospice services are provided in any setting the patient wishes that is willing to work with hospice – in their home or a nursing facility of some kind.

**MYTH:** Patients can only receive hospice care for a limited amount of time.
**FACT:** The Medicare benefit, and most private insurance, pays for hospice care as long as the patient continues to meets the criteria necessary. Patients may come on and off hospice care, and re-enroll in hospice care, as needed.

**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.

**MYTH:** Hospice is just for the patient.
**FACT:** Hospice focuses on comfort, dignity, and emotional support. The quality of life for the patient, but also family members and others, who are caregivers, is the highest priority.
**MYTH:** Hospice services stop when the patient dies.
**FACT:** Hospice provides free grief support to families for a year or longer after the patient’s death.

**MYTH:** Hospice provides 24-hour care.
**FACT:** The hospice team (which includes nurses, social workers, home health aides, chaplains, and bereavement counselors) visits patients intermittently, and are available 24 hours a day/7 days a week for support and care. Hospice can arrange for 24-hour attendant care if necessary.

**MYTH:** Morphine is offered to patients when death is imminent.
**FACT:** It is the degree of pain that dictates which medicine is used – not the stage of a terminal illness. We start with the mildest medication and if it works, stop there. If not, we move on, to narcotics when it is appropriate. Some people never need narcotics and others will require it for quite a while. You can live for a long time on narcotics.

**MYTH:** People on narcotics are too sleepy to function.
**FACT:** When patients start to take drugs like narcotics, they often feel drowsy for a few days. But their bodies usually quickly build up a resistance to the sedating effects. Most patients whose pain is well controlled on narcotics are not bothered by unusual sleepiness. Some people notice a difference in their alertness and might choose somewhat less than perfect pain control as a trade off.

**MYTH:** People on narcotics die sooner because their breathing is weakened.
**FACT:** Fortunately, patients quickly adjust to any effect that narcotics may have on their breathing. We prescribe a small initial dose, gradually increasing it if needed. So rarely do breathing problems occur, they are usually not even listed as side effects. In fact, narcotics is a drug of choice for breathing distress in people with end-stage heart or lung disease: it makes their breathing more comfortable.

**MYTH:** Once admitted to hospice you can no longer see your own physician.
**FACT:** Your own personal physician is a part of the “hospice team” and is as involved with your care as you wish.

**MYTH:** Once you are admitted you have to stay in hospice care and cannot leave.
**FACT:** An individual can opt to be discharged from hospice care at any time. For example -if a new an innovative treatment for his or her particular illness is discovered a patient may leave hospice care to pursue this treatment. Or maybe a family decides to move or feels that hospice care is not for them – they may choose to be discharged from hospice care.
**MYTH:** Hospice doesn’t offer any treatment.
**FACT:** One of the primary goals of hospice care is to bring dignity to the dying. Therefore hospice nurses are specially trained in pain management medications and techniques.

**MYTH:** Patients/ families must put up with constant intrusions of staff at home.
**FACT:** The hospice team works with the patient and their caregivers to provide services that they wish and at times convenient to them.

**MYTH:** Hospice care is no different than Home Health.
**FACT:** Hospice is different in that hospice staff are specially trained in providing physical, emotional, spiritual care to patients and their families. Grief support is provided to families following their loved one’s death.