



Hospice: Dispelling the Myths

By Tara Connolly, VIA Health Partners

Despite continual growth in awareness and access, society still harbors many myths about hospice and the care it provides. These misconceptions contribute to the underutilization of hospice services. This is unfortunate because many patients with life-limiting illnesses could benefit from the expert pain and symptom control, as well as the emotional, social, and spiritual support that VIA Health Partners provides. Learn the truth behind ten common hospice myths that contribute to the stigma surrounding this form of end-of-life care.

Myth #1: Hospice is a place.

Fact: Hospice is a philosophy of care that focuses on comfort rather than a cure. It is about making the most of each day and enjoying the best quality of life possible. VIA Health Partners provides care wherever our patients call home, whether it's their own home, a group home, assisted living facility or long-term care facility.

Myth #2: Hospice is for when there is no hope or when “nothing else can be done.”

Fact: Hospice is the “something else that can be done” for the patient and their family when their illness cannot be cured. Hospice is not an end to treatment – it is a shift to comfort-oriented treatment that is focused on helping the patient live his or her life to the fullest. In addition to managing the pain and the symptoms, VIA Health Partners provides extensive counseling and social service support to address the emotional and spiritual aspects of coping with a terminal illness.

Myth #3: Hospice is only for people with cancer.

Fact: While about half those receiving hospice care are cancer patients, the other half suffer from illnesses including heart disease, lung disease, dementia, CVAs/strokes, HIV/AIDS, debility, and neuromuscular diseases, among others.

Myth #4: Hospice care is expensive.

Fact: Hospice is a fully funded Medicare/Medicaid benefit, unlimited in length, and is covered by most private insurance companies. Most plans cover hospice care, medications, supplies and equipment related to the hospice diagnosis with no out of pocket expense to the patient.

Myth #5: All hospice care is the same.

Fact: While all hospices must follow the same rules and regulations, how they interpret them can be very different. This can result in very different levels of care. Each hospice is an independent entity and there are over 4300 hospices operating in the United States. It is important to understand the differences amongst providers in your area to make the best choice.

Myth #6: Hospice will only treat symptoms related to the terminal diagnosis.

Fact: Hospice specializes in palliative care – that is, care de-signed to provide comfort. Providing that comfort requires treating illnesses unrelated to their terminal illness. Illnesses or injuries like UTIs, pneumonia, and broken bones always receive appropriate attention.

Myth #7: Therapies such as blood transfusions and radiation automatically exclude a patient from hospice.

Fact: Many therapies that once prohibited a patient from obtaining hospice services are now considered on a case-by-case basis. These therapies must be utilized for palliative purposes only, and not as an attempt to “cure” the illness. Call VIA Health Partners to discuss these options at 704.375.0100.

Myth #8: Patients must sign a Do Not Resuscitate (DNR) prior to an admission to hospice.

Fact: Although the majority of hospice patients choose to sign a DNR prior to entering hospice care, it is not required for admission. If a patient or family makes the decision to sign a DNR, the document may be signed at any time.

Myth #9: I need to wait for my doctor to bring up hospice.

Fact: While it is the physician's responsibility to determine whether a patient meets the medical eligibility criteria to receive hospice services, the patient (or caregiver) can initiate the discussion. Since hospices consistently hear from their patients/families that they wish they had received hospice care sooner, it is a good idea to let the physician know at the time of diagnosis with any life-limiting illness that you are open to discussing hospice care at the appropriate time. Patients and families can also contact a hospice directly to learn more about their services.

Myth #10: Once I choose hospice, I lose my relationship with my doctor.

Fact: The patient's physician is a vital member of the VIA Health Partners care team. We encourage your family physician to remain engaged in your care since often they will know you better (medically) than anyone else and can help best determine how to address your specific medical needs.



Debunking the Myths of Palliative Care

By Tara Connolly, VIA Health Partners

Palliative care (pronounced pal-lee-uh-tiv) is specialized medical care for people with serious illness that focuses on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. A palliative care specialist works alongside a patient's primary clinicians. Palliative care providers manage symptoms that persist despite the best medical management, handle difficult conversations about disease progression and assist patients and their families with medical decision-making based on their goals and preferences. Palliative care as a specialty is a relatively new concept and often misunderstood. Learn the truth behind the 8 most common myths of palliative care.

MYTH 1: Palliative care is not just another name for Hospice care

FACT: Hospice care is a form of palliative care that's given near the end of life, when the patient is expected to have six months or less to live. However, not all palliative care is hospice care. Palliative care can be given to patients who still have many years to live, including those who may recover from their illness.

MYTH 2: Patients can not receive other curative treatments such as chemotherapy, surgery, dialysis, home health/therapy while receiving palliative care

FACT: Patients receiving palliative care can receive other types of curative treatment for their illness. It is given alongside treatments intended to cure, control, or modify the person's illness.

MYTH 3: Palliative care is end of life care and speeds up death

FACT: Palliative care focuses on the effective relief of pain and other symptoms, while supporting the best quality of life for patients with serious illnesses. In fact, patients who receive palliative care often live longer when they receive care from the palliative medicine specialist early in the course of their illness!

Another goal of palliative care is to help patients and their families better understand their illness, so they are better able to make decisions if their illness progresses.

MYTH 4: Palliative care is just about pain relief

FACT: Pain from serious illness is a common reason to seek palliative care, but so are symptoms like nausea, shortness of breath, anxiety, depression, spiritual distress, constipation, diarrhea, loss of appetite, swelling, itching, insomnia, and other issues that may affect the patient's and family's quality of life.

MYTH 5: Palliative care is only for patients with cancer

FACT: Palliative care can help people with virtually any serious condition – at any stage of illness – including terminal cancer. For example, palliative care is for people with kidney, liver, lung and heart disease, diabetes, dementia, multiple sclerosis, Parkinson's disease, and rheumatoid arthritis, among many others.

MYTH 6: Palliative care only benefits patients

FACT: Families feel a huge sense of relief when they see that their loved one is no longer suffering and finally able to eat, sleep or participate in daily activities. Palliative care specialists sit down with the family to have a patient-focused conversation that results in patients receiving the care they want.

MYTH 7: Palliative care services are only offered in the hospital

FACT: Palliative care can be provided in the inpatient and outpatient setting. Most palliative care providers offer appointments at a local clinic, in long term care communities and many will offer home visits based on medical necessity.

Myth 8: Palliative care is expensive

FACT: Palliative care visits are covered by Medicare Part B, Medicaid and most commercial insurers with applicable copayments and deductibles. Palliative care is billed just like any other medical specialty.