10 COMMON MYTHS ABOUT **HOSPICE CARE**

Coming to terms with the fact that you or a loved one are facing a life-limiting illness can be extremely difficult to wrap your head around. It's even more difficult to reach out to strangers with questions or for advice, even if they are medical professionals. That's why the All Care hospice team has compiled a quick list of ten common misconceptions about hospice care to help answer some of the many questions that may be running through your mind.

We're proud to offer a transparent program to take the stigma out of end-of-life care and talk openly about what we're all here to do: enable you or your loved one to be alert and pain-free, living each day as fully as possible and reaffirming life.

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1 Hospice is giving up.

While hospice care does not provide curative treatment, this does not mean someone is giving up. Instead, hospice services are designed to provide comfort and improve the quality of life for the patient and their family and friends during their remaining time together. The quality of care received while in hospice is just as high as being in any hospital or care facility; the focus of the care is just different.

2 Hospice is a place.

Although there are medical facilities that provide hospice care exclusively, hospice is a philosophy of care, and it's not a physical structure or place. Hospice services can be received wherever the patient and his or her loved ones prefer, including at home, in an Edgewood senior living community, or a skilled nursing facility.

3 Hospice is only for cancer patients.

Hospice is available for any patient coping with a life-limiting condition that their hospice and primary doctors have certified as a terminal illness.

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4 An immense amount of pain is just a part of dying.

While pain is often a part of dying, hospice care professionals specialize in recognizing and managing pain at the end of life. Hospice doctors, nurses, and other professionals are there to adjust care accordingly to help ensure comfort.

5 People pass away faster in hospice.

Many hospice patients pass away while receiving hospice care. However, the truth is hospice care does not speed up death. Those who choose to receive hospice care may actually live longer than those who choose not to because of the specialized care they receive.

6 You can only receive hospice care for a few weeks at the end of life.

Hospice care can begin as soon as someone's hospice and primary doctors certify they are terminally ill (expected to live 6 months or less). Hospice services are based on a 6-month timeline, but when someone lives longer hospice care services can be extended.

7 Hospice care is only for the dying person.

Hospice care is a comprehensive set of services that not only offers physical care and support to the patient but also spiritual and emotional support for the patient and their loved ones. After a patient passes away, hospice will continue to support their family for up to 13 months.

8 Hospice means you no longer have a say in your care.

Hospice care is the exact opposite of this! It's patient-focused and designed to meet the wants and needs of each individual.

9 Hospice care is simply receiving pain medication.

There are countless myths about hospice care and pain medications: hospice is only useful for administering pain medication, hospice patients are sedated so much that they sleep all the time, or hospice requires that you give up all medications. None of these are quite accurate. Hospice care focuses on the well-being of the whole patient spiritually, emotionally, and physically. Care is designed to make each individual as comfortable as possible. This means that some patients may choose to give up medications, some may choose to receive medications for pain management, and still, others may choose to increase their medication to feel less pain. The bottom line is each patient works with their hospice care team to make that choice.

10 Hospice patients must sign a Do Not Resuscitate, or DNR order.

A signed DNR is not required to receive hospice care.