

Here is the truth about the seven major myths of hospice care.

myth 1

Hospice is for people who have no hope. Hospice doesn't mean giving up hope. It means having specialized care aimed at making both the client and the family more comfortable. Hospice gives you and your family hope that your time before the end of your life will be as comfortable and meaningful as possible. You can rest assured that you will be taken care of physically, emotionally and spiritually, and that your family will receive the care and support they need.

myth 2

Hospice is only appropriate in the last few days of life. Hospice care is for anyone in the advanced stages of illness. The hospice team can do much more to help maintain the best quality of life for the client and family when services begin sooner rather than later.

myth 3

Hospice care is only for cancer patients. Hospice Care of Southwest Michigan serves individuals with a variety of medical conditions, including end-stage heart disease, dementia, kidney and lung disease. We care for people of any age in advanced stages of illness. In fact, more than half of our clients have an illness other than cancer.

myth 4

Hospice is expensive. As a nonprofit, community-based agency, Hospice Care of Southwest Michigan accepts clients based on their need for care, not their ability to pay. Medicare, Medicaid and private insurance have comprehensive hospice benefits.

myth 5

Hospice can't continue beyond six months. Your own physician and our medical director periodically review your condition. If the illness is following its normal course, then hospice care continues to be appropriate. Many clients receive hospice care well beyond six months.

myth 6

Hospice disappears after the client dies. We offer grief support including counselors, groups and mailings for more than a year after a client dies. We have programs for grieving children, parents, spouses and partners.

myth 7

You are required to have a do-not-resuscitate order. The goal of hospice care is to allow for a peaceful end-of-life, in a comfortable and familiar setting, with loved ones nearby. While many people choose to have a DNR to avoid unnecessary medical intervention and hospitalization, you are not required to have a DNR to receive hospice care.