THE COMMON MYTHS OF HOSPICE

**Myth #1:** *Hospice is a place.* Hospice care takes place wherever the need exists -- usually 95% of the care occurs in the patient's home or a nursing home.

**Myth #2:** *Hospice patients must have a DNR.* While most patients do have a DNR order, it is not a requirement. Advanced directives and advance care planning are discussed at admission and throughout the course of hospice care.

**Myth #3:** *Hospice patients must give up their doctor.* The hospice team works with the patient’s attending physician to develop and implement a plan of care.

**Myth #4:** *Hospice is only for people with cancer.* Hospice care is available to persons with all advanced, serious illnesses including: heart disease, lung disease, Alzheimer’s, liver disease, neurological disease, stroke, HIV disease.

**Myth #5:** *Hospice is for when there is no hope.* When death is in sight, there are two options: submit without hope or live life as fully as ever until the end. The gift of hospice is its capacity to help families see how much can be shared at the end of life through personal and spiritual connections often left behind. It is no wonder that many family members can look back upon their hospice experience with gratitude, and with the knowledge that everything possible was done towards a peaceful death.

**Myth #6:** *Hospice is only for people who can accept death.* While those affected by terminal illness struggle to come to terms with death, hospices gently help them find their way at their own speed. Many hospices welcome inquiries from families who are unsure about their needs and preferences. Hospice staff are readily available to discuss all options and to facilitate family decisions.

**Myth #7:** *Hospice is only for dying people.* As a family-centered concept of care, hospice focuses as much on the grieving family as on the dying patient. Most hospices make their grief services available to the community at large, serving schools, churches and the workplace.

**Myth #8:** *Once you start taking morphine, the end is always near.* Morphine does not initiate the final phase of life or lead directly to death. Morphine provides not only relief of severe, chronic pain; it also provides a sense of comfort. It makes breathing easier. It lets the patient relax and sleep. It does not cloud consciousness or lead to death. Morphine does not kill.

**Sources:** Weatherbee Resources, Inc. / [www.americanhospice.org](http://www.americanhospice.org) / [www.hospicefoundation.org](http://www.hospicefoundation.org)