



Hospice care

Hospice care is for people with a terminal illness.

To enter a hospice program (and to receive Medicare benefits), a doctor's diagnosis is required stating that life expectancy is no more than about 6 months. No efforts are made to prolong life or to hasten death. The patient is kept comfortable and pain free.

Hospice eases the process of dying.



Most referrals for hospice come from doctors. Hospice care may be provided in:

- The home. Eighty percent of persons enrolled in hospice are cared for at home.
- A hospital
- A nursing home
- A hospice facility

The bulk of care, especially with home hospice, is usually given by family members and friends. It is supported by a hospice care team which includes doctors, social workers, therapists, volunteers, clergy, nurses, and family members. The team plans care that ensures quality of life.

Most health insurance plans include the option of hospice care. Medicare and Medicaid cover the costs if the facility or hospice organization is certified by them. Under Medicare, the length of stay is two 90 day benefit periods. This may be followed by a 30 day period. Extensions are available.

Persons must be certified to be terminally ill at the start of each period.

Sometimes patients are charged if they do not qualify for reimbursement. Hospice care is based on need. No one is rejected for lack of finances.

Some advantages to hospice care include:

- Availability of 24 hour a day, 7 day a week assistance. This is true for hospice care in hospitals, nursing homes, and hospice facilities. Find out if the home hospice program offers this service.
- Respite for family caretakers when care is given in the home
- Emotional comfort and support by trained hospice staff and volunteers
- Bereavement counseling