

Compassus is patient first, always.

Compassus is a nationwide network of community-based hospice and palliative care programs dedicated to clinical excellence, compassionate care, and providing comfort and support to patients and their families facing end-of-life issues. Focusing on the quality of life remaining, Compassus provides effective symptom control and care that focuses on the whole individual – addressing physical, psychological, social and spiritual needs.

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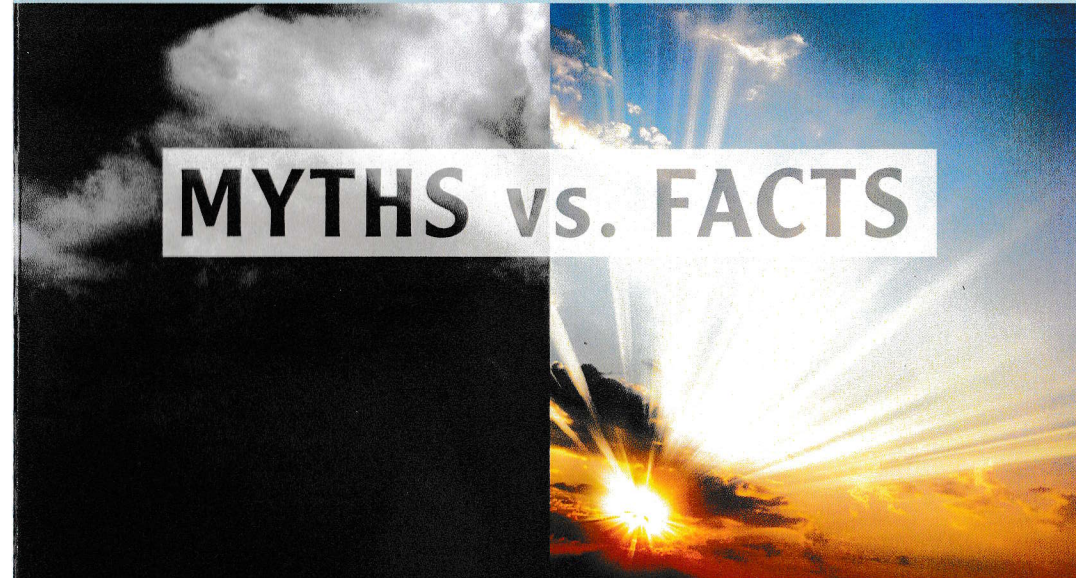
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Hospice Myths and Facts

Hospice remains one of health care's best-kept secrets.



Ask the Experts

My Dad has been sick for a long time. Recently my neighbor suggested that he might benefit from hospice care. I have heard that hospice has its own doctors and my dad doesn't want to give up his doctor to go on hospice. Does he have to give up his family doctor to receive hospice care?

Your father does not have to give up his attending physician in order to receive hospice services. Attending physicians have an important role in the care of hospice patients; in fact, Medicare and Medicaid regulations require that a patient's attending physician certify patients as hospice eligible, along with the hospice Medical Director. Hospice Medical Directors do not assume the role of the attending physician unless the patient or the attending physician requests that such a switch take place.

Hospice Medical Directors have a crucial role in leading the hospice interdisciplinary team and are valued by the hospice and by Medicare for their expertise. In fact, Medicare requires that hospice Medical Directors or hospice Nurse Practitioners visit with a patient intermittently during hospice care to help the hospice team determine if a patient remains eligible for hospice services.

Attending physicians and hospice Medical Directors have active roles in caring for hospice patients. The hospice will communicate with both in the care of the patient, and having both physicians involved often helps ensure that the patient is getting the best possible care at this important time.



Quality end-of-life care isn't about how you die; it's about how you live. Hospice and palliative care focuses on how dying persons and their loved ones live each day, providing comfort and guidance along the way.

While more than 1.5 million people were cared for by the nation's 5,800 hospice programs last year, many myths exist about hospice that deter people from seeking out this compassionate system of care.

Hospice Myths

Myth: I WANT TO FOCUS ON LIFE AND LIVING, AND HOSPICE IS ABOUT DEATH.

Fact: Hospice is about life! Hospice is about choosing how you want to live and planning ways to manage pain and symptoms so you can set your own priorities and live as fully as possible. Hospice provides a team to help you and your family cope with the physical, emotional, social, and spiritual aspects of a terminal illness—a team trained to listen to your needs and help you achieve your care goals.

Myth: HOSPICE CARE IS EXPENSIVE AND WILL REQUIRE CO-PAYMENTS.

Fact: Hospice is 100% covered by Medicare/Medicaid and most private insurance companies. All medicines and medical equipment related to the terminal diagnosis are fully covered. Coverage also includes oversight by a medical director in collaboration with the patient's primary physician, as well as the hospice team, including nurses, social workers, chaplains, hospice aides, 24-hour on-call nursing service, and much more.

Myth: PAIN IS JUST EXPECTED AS PART OF THE DYING PROCESS.

Fact: Hospice doctors, nurses, and others are specially trained to control each person's pain, while still keeping the patient awake and alert whenever possible.

Myth: WHEN PEOPLE ARE PLACED ON HOSPICE, THEY DIE WITHIN A FEW DAYS OF ADMISSION.

Fact: Patients admitted to hospice have a terminal diagnosis with a life expectancy of six months or less. While most of these patients die while receiving hospice, some live longer and many have a better quality of life with the help of the hospice team.

Through aggressive pain and symptom management, hospice has been shown to prolong the lives of some terminally ill patients. Studies have shown that patients who chose hospice lived about a month longer than patients who did not elect hospice care. There are also patients who improve to the point that they are no longer eligible for the hospice benefit; these patients may return to hospice care if they qualify later.

Myth: HOSPICE CARE WON'T ALLOW ME OR MY FAMILY TO BE INVOLVED IN MAKING DECISIONS ABOUT TREATMENT.

Fact: Hospice puts patients and families at the center of care. Trained professionals provide guidance and encourage open, honest communication about individual wishes and choices.

Myth: I HAVE TO GO TO HOSPICE TO RECEIVE CARE.

Fact: Hospice is not a place but a philosophy of care. Hospice and palliative care is available in nursing homes, assisted living facilities—wherever the patient lives and considers home. The majority of hospice care takes place in the home, where the person can be surrounded by family and familiar settings.

Myth: IF I CHOOSE HOSPICE I AM GIVING UP, AND I CAN NO LONGER GO TO MY PHYSICIAN.

Fact: Hospice is not about giving up. When a cure is not possible, much can still be done to manage the pain and symptoms that impact the quality of living. With a hospice team in place, you may not need to see your physician because the hospice nurse remains in contact with your primary care doctor as well as the hospice medical director. However, if you feel a need to go to the doctor, the team can help you make arrangements. While under the care of hospice, patients agree to forgo aggressive care. If at any time a patient wants to pursue aggressive treatments, s/he has the right to discharge from hospice, and s/he will not be penalized if s/he chooses hospice at a later date.

