Ensuring Dignity and Comfort;  
Hospice FAQs

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ONE CALL STARTS IT ALL  
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Now offering Help with Hospice

Throughout our lives, we make plans – for our life and the lives of our loved ones. What colleges to attend, what career path to pursue, where to raise a family, when and where and how to retire. But few of us think about the end of our lives... how we can ensure our dignity or the dignity of a loved one while listening to the wishes of those around us. As difficult as it is, when the time comes - it is important to start this conversation, with physicians, caretakers and family members.

Fortunately you are not alone. When the time comes, there are services available to provide a dignified passing, and you owe it to your loved ones to ensure that they benefit from this support for their last months of life. In partnership with Visiting Nurse Association of Ohio, Healthnetwork Foundation now has the resources to assist you and your family with hospice and in-home nursing care.

We understand that this is a difficult subject to face and to help you with this journey, we engaged the assistance of VNA’s Hospice Medical Director, Cynthia Katzan, MD. Listed below are some of the questions she has faced over her years at the VNA.

Please know that if you find yourself contemplating involvement with hospice services and in-home nursing care, please contact Healthnetwork and allow us to help guide you and your loved ones on that path.

Q: How do you know when you or a loved one is ready for hospice?

Usually your primary physician or specialist will bring up the topic of hospice with you if they feel your disease is considered “end-stage.” Some patients inquire about hospice themselves if they decide they do not wish to continue with aggressive treatment, such as chemotherapy for their cancer or dialysis for their renal failure.

There are more specific eligibility criteria for different illnesses. The primary criterion common to all is that a physician feels that the patient is within the last six months of life if the illness continues on its course. At any time the patient or their family may call Healthnetwork to be connected to hospice specialists to discuss hospice options.

Q: How does a family get started?

With a simple phone call to hospice providers, the physician activates the hospice admission process. However, you may want to explore your hospice options – a phone call can be made to Healthnetwork to start a dialogue with hospice specialists at the VNA of Ohio.

If a family chooses hospice care at home, a nurse comes to the house to explain the hospice philosophy and approach and answer all questions. The nurse will assess for eligibility for hospice services. Once the decision is made to proceed, the nurse will describe the various types of support and resources available to them. Together with the patient and the family, they will prepare a plan customized to each family’s needs.

Q: Does a patient have to have hospice if their physician recommends it?

Usually the physician knows when further treatment options are either not available or not expected to be beneficial for the patient’s condition. However, if the patient wishes to continue to pursue active treatments they are free to do so. At a later date, when all options are exhausted, the patient may choose to reconsider hospice care.
Q: Who will be the physician once the patient enters hospice?

Most people who have a rapport with their primary physician or oncologist will elect to continue under their care, focusing on comfort, for the rest of their lives. If difficulties arise in managing symptoms or if the physician cannot be reached, the hospice Medical Director is available for 24-hour support. For anyone who does not have a physician, the hospice Medical Director can manage their care.

Q: Does the patient have to sign a DNR (Do Not Resuscitate) form?

Most hospice programs do request that the patient sign a DNR form. CPR is not in keeping with the hospice philosophy of a comfortable death with dignity. In addition, performing CPR on someone who has a frail and diseased body never buys quality time.

Q: Who pays for hospice services?

Medicare covers the costs of hospice services. Medicaid and private insurance may also contribute. Also there are private-pay services that can be selected to provide additional care and comfort. Please call the Healthnetwork hospice team for more information.

Q: Will the patient go to the hospital for their care?

Hospice is dedicated to “comfort care,” that is, the focus is on making the patient comfortable. It is designed for those patients who are not seeking active treatment of their medical illness. Lab tests, x-rays and procedures are not part of the hospice philosophy.

Some patients still see their physician in the office, if they are able, so their physician can manage the symptoms the patient is having. For most patients symptoms are managed from home, with the hospice nurse communicating the patient’s needs with the physician by phone.

Most patients with a terminal illness desire to be at home and do not wish to spend time in the hospital. Hospice staff will do everything they can to honor that wish right to the end. Usually symptoms that arise can be managed at home with medications or other approaches.

There are some situations when a patient’s symptoms escalate to a degree that is beneficial to go to the hospital (or other full-care facility) temporarily for the exclusive goal of symptom control. The hospice team should facilitate this so other testing/procedures outside the hospice philosophy are not initiated.

Q: What if the patient wants to have further testing or procedures?

It is possible to revoke the hospice services at any time in order to pursue active treatment. When all such treatment is completed, it is possible to return to hospice services, if the patient remains eligible.

Q: Can the patient receive intravenous fluids in hospice?

It is common to be dehydrated at the end of life. However, when the patient is not drinking, it is usually because they do not have thirst. This is a normal part of the physiologic process of dying. Usually patients do not wish to eat either. Intravenous fluids are considered aggressive (as are PEG tube feedings) and are not generally initiated in hospice.

Please call or email the Healthnetwork Hospice team today for more information.

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