"Hospice is only for cancer patients."
✓ Anyone who has a serious illness, regardless of age or complexity of diagnosis, is eligible to receive hospice care. At Hospice of the Western Reserve, less than half of our patients have cancer. Care is provided to meet the needs of those with COPD, dementia, kidney disease, Alzheimer’s and any other life-limiting condition.

"Hospice means giving up hope."
✓ When a cure is not an option, patients and families can find hope in taking control of healthcare choices, in making the most of time together and in finding compassionate, comforting care through hospice.

"Hospice is a place."
✓ Hospice care is a medical specialty that is available anywhere the patient lives. Most hospice care is delivered in the home, hospital, nursing home or assisted living facility. We also have three homelike hospice care centers for those who need help with symptoms or pain management.

OUR MISSION
Hospice of the Western Reserve provides palliative and end-of-life care, caregiver support, and bereavement services throughout Northern Ohio. In celebration of the individual worth of each life, we strive to relieve suffering, enhance comfort, promote quality of life, foster choice in end-of-life care, and support effective grieving.

Serving the Northern Ohio counties of Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Summit and Stark.

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TO MAKE THE HEALTHCARE CHOICES that are best for you and your family, you have to have all the facts. There are many incorrect assumptions made about medical care for the seriously ill. We hope this information will help you make the best decisions for you.

12 Facts You Should Know About Hospice and Palliative Care, but Were Afraid To Ask

“Hospice is only for the last days of life.”

Once it is determined that life expectancy is not years but months, any individual may seek hospice care. By seeking care early in the progression of an illness, patients and their loved ones can benefit from the full scope of services available.

“The only outcome is hastened death.”

Hospice neither hastens nor postpones death. However, some patients improve with the supportive care of hospice—so much so that hospice care is no longer suitable. When that is the case, we continue to assist our patients through the Western Reserve Navigator palliative care service, At Home Support and BridgesHome HealthCare, staying involved in their care and wellness plans. Later, patients can be re-admitted to hospice, if necessary.

“I can’t keep my own doctor.”

Yes, you can. Your doctor will work hand-in-hand with our specialists in a collaborative team. If you don’t have a primary care doctor, we can help you find one.

“All hospices are the same.”

Medicare regulates the basic, core services of hospice care. However, there are key differences in the quality of care that hospices provide and the services they offer. Ask about patient/staff ratio, inpatient options, therapies and programs that are not mandated but are beneficial to the patient and family’s well-being.

Hospice care is limited to six months.

Patients may receive hospice care as long as their condition remains serious. The hospice team is responsible for continually assessing the care needed.

“I can’t receive curative treatments or life-sustaining care while in hospice care.”

Treatments may help you manage symptoms and pain and improve your ability to live comfortably. There may also be treatments unrelated to your hospice diagnosis that may be continued. Your doctor can discuss options with you.

“Palliative care is different than hospice care.”

Hospice care is also palliative care. It addresses the physical, emotional and spiritual needs of both patient and family. Western Reserve Navigator Palliative Care Program assists those individuals whose disease is serious but who are not hospice ready, or do not choose it. Seeking hospice care is always a choice.

“Only a doctor can make a referral to hospice.”

Anyone—friend, loved one, clergy, clinical care worker—can call Hospice of the Western Reserve to help you get started. You can call yourself. The choice to begin care is always up to the patient and family.

“Hospice is expensive.”

Hospice care, including medications and home visits, is paid by Medicare and Medicaid and is covered by most commercial insurers.