



Questions to Ask a Hospice BEFORE Admission



It is imperative that you interview a hospice agency before entrusting yourself or a loved one to its care. All hospices are not the same. The services one hospice provides may be very different than those provided by another hospice. Also, the philosophy of a hospice agency is vitally important. A hospice that respects the sanctity of life, that truly abides by the founding principles of hospice—to maintain dignity, to increase quality of life, and to provide comfort and pain control—is a safe haven for patients in need of expert end-of-life care. **Unfortunately, the aim of many hospices has shifted from helping patients who are dying to helping patients die more quickly.** Because hospice marketers will tell you what you want to hear, you must do your homework.

Ask questions and get a copy of the answers in writing (especially for question #9).

1. Is the hospice life-affirming? If yes, is this evidenced on the website, in the brochures, in the mission, etc.
2. Is the hospice non-profit or for profit? [1]
3. Is the hospice licensed by the state?
4. Is the hospice Medicare certified?
5. Has the hospice ever committed insurance fraud? (Google the name of the hospice and Medicare fraud.)
6. How many counties does the hospice serve? [2]
7. How are services provided after hours? How long may it take for an on-call nurse to respond to my call? How long may it take for an on-call nurse to get to my home?
8. Can I meet with the hospice administrator and the staff members prior to hospice admission?
9. In detail, what types of services are provided? How often will each of these services be provided?
10. Will services be provided by the same individuals throughout the course of my care?
11. What kinds of support are available to my family/caregivers?
12. What do hospice volunteers do? Am I eligible for volunteer services?
13. Can the hospice provide care in a nursing home or personal care home/assisted living?
14. Must someone (a family member, friend, or caregiver) be with me at all times?
15. Must I commit to a DNR (Do Not Resuscitate) status?
16. Does the hospice require that every patient sign a POLST-type form? [3]
17. Can I receive intravenous fluids and tube feedings?
18. Will my usual medications (e.g., blood pressure medication, insulin, etc.) be continued?
19. Does the hospice administer medications to relieve pain and anxiety only on an as-needed basis, or are patients routinely started on these types of medications on admission? [4]
20. What is the hospice's position regarding Terminal Sedation (also called Palliative Sedation)? [5]
21. Will I receive a bill for expenses not covered by insurance?
22. What should I do first if I am having a problem with the care my hospice is providing?
23. What should I do if I feel the hospice hasn't addressed my concerns adequately?

Important Notes

- [1] Most of the hospices caught for insurance fraud are for-profits. Additionally, many for-profits are governed by shareholders concerned about returns on their investments. As a result, monies are often allocated away from the bedside and into their pockets. However, many non-profits also follow a business model resulting in the same problems. Therefore, asking about a hospice agency's business status is as important as asking about profit status. If the hospice employs marketers, this is often an indication that they are more interested in putting money in the bank than in providing services to patients. Any hospice that keeps saying "We don't provide that" is not enhancing life and is most likely cutting costs at the bedside in order to enrich investors and pay executives' salaries.
- [2] Hospice agencies often serve many counties from a single office. The on-call nurse may have difficulty reaching you quickly in an emergency as he/she may be several hours away.
- [3] Physician Orders for Life-Sustaining Treatment (POLST) is an advance directive form used extensively throughout the United States. POLST has many different names and acronyms, such as Medical Orders for Scope of Treatment (MOST), Clinician Orders for Life-Sustaining Treatment (COLST), and Transportable Physician Orders for Patient Preferences (TPOPP). These forms differ, and some are worse than others, but all of them can be used to encourage refusal of life-saving and life-preserving treatment and care, resulting in avoidable deaths. HALO recommends that people refuse to sign any POLST-type form.
- [4] Medications used to manage pain and other symptoms—opiates, sedatives and barbiturates—can be misused to cause death. The intention to kill a patient, not just to treat pain and other symptoms, is becoming more common in end-of-life care settings. See the HALO fact sheet "Drugs Commonly Used in Hospice and Palliative Care": <https://halorganization.com/pdf/drug-sheet.pdf>
- [5] Sedation has a legitimate place in end-of-life care but must be used only when absolutely necessary. When sedation is misused to cause death, the patient is placed in a medically induced coma and nutrition and hydration is withheld.

Know Your Rights

1. While the role of the physician is to recommend hospice care, it is the patient's right to decide when or if hospice care is appropriate. However, the physician must certify that the patient has been diagnosed with a terminal illness and the patient must meet the Medicare or insurance criteria for their end stage disease to be eligible for hospice care.
2. The role of physicians and hospital/nursing home social service professionals is to recommend hospice care and provide names of local hospices. The patient/family has the right to interview hospice programs before making a decision. It is the patient's right to choose their hospice provider.
3. Medicare guidelines stipulate that hospice services may be provided to a terminally ill individual with a life expectancy of six months or less. If the patient lives beyond six months, their attending physician and the hospice medical director may recertify the patient to continue to receive hospice care. However, when patients are on hospice 2, 3, 4, even 5 years, Medicare fraud should be considered.
4. At any time, the patient/family has the right to reinstate the patient's former medical treatment plan or, if dissatisfied with the hospice care being received, to choose another hospice.
5. Under federal law hospice agencies may not force the signing of a DNR order prior to or during the care of any individual.