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FREQUENTLY ASKED QUESTIONS

When should a decision about entering a hospice program be made -- and who should make it?

At any time during a life limiting illness, it is appropriate to discuss all of a patient's care options, including hospice. The decision belongs to the patient in consultation with his/her physician. Understandably, most people are uncomfortable with the idea of stopping an all-out effort to overcome a disease even if incurable. St. Anthony's hospice staff and members are highly sensitive to these concerns and are always available to discuss them with the patient, family and physician.

Should I wait for our physician to raise the possibility of hospice, or should I raise it first?

The patient and family should feel free to discuss hospice care at any time with their physician.

What if our physician doesn't know about hospice?

Most physicians know and utilize hospice services. If your physician would like more information about hospice, it is available from St. Anthony's Hospice.

Who is eligible for hospice?

Hospice is available to all terminally ill individuals and their families regardless of their age, gender, race, nationality, creed, sexual orientation, physical condition, availability of primary caregiver, or ability to pay. Anyone can refer a patient to St. Anthony's Hospice. To be admitted, a patient must:

- Agree to treatment aimed at comfort rather than cure

- Have an incurable disease with a life expectancy of six months or less, as certified by a physician.

For more information, or to make a referral, call the St. Anthony's Hospice at 314-525-7360 or 525-4606.

What does the hospice admission involve?

One of the first things hospice will do is contact the patient's physician to make sure he or she agrees that hospice care is appropriate for the patient at this time. A hospice staff member visits the patient at his/her place of residence to assess and gather information. A representative will be asked to sign consent and insurance forms. These are similar to the forms patients sign when they enter a hospital. The signed election form states that the patient understands that the care is palliative (that is, aimed at pain relief and symptom control) rather than curative. It also outlines the services available. The form Medicare patients sign also tells how electing the Medicare hospice benefit affects other Medicare coverage for a terminal illness.

Who pays for hospice care?

Hospice services are covered by Medicare, Medicaid and many private insurance and managed care plans. St. Anthony's Hospice raises funds for patients who are unable to pay or have no insurance. St. Anthony's Hospice strives to provide care for everyone regardless of ability to pay as part of its mission to the community.

Does a hospice do anything to make a death come sooner?

The principles of Hospice is palliative care and to provide physical, emotional and spiritual support to both the terminally ill patient and their families. Hospice is intended to neither speed up nor slow down the dying process but to provide relief of symptoms.

How does hospice manage pain?

Hospice believes that emotional and spiritual pain are just as real and in need of attention as physical pain. Nurses and doctors are up to date on the latest medications, devices for pain and symptom relief. In addition, other services are provided to assist patients to be maintained as mobile and self-sufficient as possible.

Will medications prevent the patient from being able to talk or know what is happening?

Usually not. It is the goal of hospice to allow the patient to be pain free but alert. The intent is to provide quality of life for as long as possible. Hospices are usually successful in reaching this goal for most patients.

What specific assistance does hospice provide home-based patients?

Hospice patients are cared for by a team of doctors, nurses, social workers, counselors, chaplains, home health aides, therapists, and volunteers - and each provides assistance as needed based on his/her area of expertise. In addition, hospices help provide medications, supplies, equipment, hospital services as related to the terminal illness.

Is caring for the patients at home the only place hospice care can be delivered?

Although 90% of hospice patient time is spent in a personal residence, some patients live in nursing homes and others who can no longer be taken care of at home enter "our home", the de Greeff Hospice House which is supported by St. Anthony's Hospice.

Is there any special equipment or changes I have to make in my home before hospice care begins?

Your hospice provider will assess your needs, recommend any equipment, and help make arrangements to obtain necessary equipment. In general, St. Anthony's hospice will assist in any way it can to make the home care as convenient, comfortable and as safe as possible. Equipment is usually covered by insurance.

Can a hospice patient who shows signs of recovery be returned to regular treatment?

Absolutely, if the patient's condition improves or stabilizes or the disease seems to be in remission, patients can be discharged from hospice and might even return to aggressive therapy. If a discharged patient should later need hospice care, Medicare and most private insurance companies will allow coverage to resume.

Does the hospice provide any help to the family after the patient dies?

St. Anthony's provides continuing contact and support for family and friends for 13 months following the death of a loved one. St. Anthony's Hospice also sponsors bereavement visits, groups and support for anyone in the community who experienced a death of a family member.

If you have any questions or would like more information on St. Anthony's Hospice and/or the de Greeff Hospice House, please contact us at 314-525-7360.

