



FREQUENTLY ASKED QUESTIONS ABOUT HOSPICE FOR DEMENTIA PATIENTS

My mom has dementia, and her doctor mentioned hospice—but isn't that just for cancer patients?

Hospice is for any patient with a limited life expectancy. It is not limited to cancer patients. Late stage heart, lung, liver or kidney disease patients are eligible for care, as well as those with progressive neurological illnesses like Alzheimer's and Parkinson's diseases who meet certain criteria.

I called our community hospice, and they said we need "certification." How do we get that? Do we have to see a neurologist?

Any licensed physician in Michigan can certify a patient for hospice by diagnosing or confirming a life-limiting condition. Specialist reports that support the diagnosis can be helpful, but are not required. Specific eligibility guidelines, including those for dementia, are available from any hospice provider.

We want hospice for our dad, but his doctor will not authorize it -- he says he can't guarantee that dad will die within six months. What can we do?

There is no "requirement" that hospice patients die within six months, or any other time limit. Eligible persons can be re-certified indefinitely. If the doctor reviews the criteria and believes the situation warrants hospice, he can certify without undue concern. The re-certification is often the responsibility of the hospice team, not the family doctor.

We've heard that with hospice, all treatment stops. Is this true?

Treatment doesn't stop, but it does shift focus. Since persons with dementia cannot be "cured" the focus of care is relief of suffering. Pain and symptom relief can require aggressive intervention until comfort is achieved. Medical treatments that contribute to comfort are preserved; those that do not may be stopped.

Mom's nursing home states "we already provide palliative care." What services would hospice add that we don't already receive?

Hospice care follows a palliative approach to care, but includes much more, such as spiritual and grief counseling, coverage for certain medications and supplies, and in some areas expert medical consultants certified in palliative medicine. Facilities may provide "comfort care" but if they aren't licensed hospice providers they may not provide the comprehensive range of benefits that eligible patients and families deserve.

What if my husband's condition improves? Will hospice be taken away?

Decline in dementia patients is often misunderstood. If basic eligibility is met, hospice services continue even if there are weeks or months of stability. Since true dementia patients don't "improve" in terms of regaining lost function, loss of hospice eligibility is not an issue.