

24 Questions You Should Ask your Hospice

A hospice can be a great source of support and relief for both a patient and family members. Hospices provide care to patients with a terminal illness so the patient may live his or her remaining days as peacefully as possible with minimal pain. Hospice care should neither artificially extend life nor hasten death.

Unfortunately, I regularly receive phone calls from people across Illinois with loved ones in hospices that the family members believe are attempting to hasten the patient's death.

Some hospices and hospice organizations actively promote actions that hasten death including terminal sedation, withdrawal of nutrition and hydration, and deliver pain relief that suppresses breathing hastening death. Certain hospices and hospice organizations have been found to facilitate assisted suicide. Hospice Foundation of America and National Hospice and Palliative Care Organization are among those hospice organizations that promote means to hasten death.

We've developed 24 questions you can ask to determine what type of care philosophy a hospice follows. Use this checklist as one means to help determine whether a specific hospice is right place for you or your loved one in an effort to preserve the dignity of life even until death.

Note: We believe it is not reasonable for hospices to require you to sign a "Do Not Resuscitate Order" in order to be admitted to that hospice.

(Where yes answers can be made below, that is the correct answer to preserve the dignity of life).

1. Will this hospice accept a patient who is fed through a feeding tube or IV?
2. Will this hospice continue feeding the patient with a feeding tube or IV?
3. Under what circumstances would a feeding tube or IV be removed?
4. Will this hospice establish a feeding tube or IV if necessary to provide nutrition and hydration to the patient?
5. Will this hospice continue to administer medications that are stabilizing a chronically ill patient, when the patient is not actively dying?
6. Will this hospice treat patient infections with antibiotics?
7. Under what, if any, circumstances would terminal sedation be used?
8. Will this hospice reject any patient request for assisted suicide?

9. Will oxygen be provided if it is needed to keep the patient comfortable?
10. Will physical therapy be provided if it will help the patient's condition to improve (e.g. after a stroke to recover use of limbs)?
11. If a patient/family refuses to accept a medication, will the patient's decision be respected?
12. What levels of pain control will be used and what criteria will determine their use?
13. How frequently will patients needing pain control be monitored for its effectiveness?
14. What type of "comfort care" is this hospice using?
15. Will this hospice treat bedsores if the patient is not at the very end phase of dying?
16. Will this hospice accept a patient who is on dialysis?
17. Will this hospice continue performing dialysis on this patient?
18. Will this hospice provide client references that can be checked?
19. Do we have access to hospice staff 24x7 in case there is a problem controlling pain or some other distress condition arises?
20. What is the communication process between the hospice staff and the family of the patient?
21. Are there any circumstances where this hospice would demand the discharge of a patient?
22. How does this hospice handle aggressive behavior from an ill or mentally impaired patient?
23. Does this hospice decline to accept severely disabled patients who are not terminal?
24. Does this hospice decline to accept chronically ill patients who are not terminal?

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