Is It Time to Ask About Hospice?

A practical guide for families who are seeing changes but are not sure what comes next

You do not have to know that someone is actively dying before asking about hospice.

Asking is not giving up. It is a way to understand the options before another crisis makes the decision for you.

This guide will help you:

- look at what has been changing over time;
- prepare for an honest conversation with the doctor;
- understand hospice and palliative care;
- ask a hospice what it will actually provide; and
- choose one clear next step without deciding everything today.

This guide cannot determine whether someone qualifies for hospice. Eligibility requires an evaluation and medical certification.

The short answer

It may be time to ask about hospice when someone has a serious illness and you are seeing a **pattern of decline**, repeated crises, increasing care needs, symptoms that are harder to control, or treatments that are no longer helping in the way the person hoped.

You do not need to prove that the person qualifies before making the call. You only need enough concern to ask:

> *Can we talk honestly about what to expect and whether hospice should be considered now?*

Look at the pattern, not one bad day

One difficult day does not necessarily mean it is time for hospice. Look at what has been happening over weeks or months.

- [ ] More help is needed with bathing, dressing, eating, walking, toileting, or getting out of bed.
- [ ] More time is spent in bed or asleep and less time doing what matters to the person.
- [ ] Eating or drinking has decreased, weight is being lost, or swallowing is becoming harder.
- [ ] Falls, infections, emergency visits, hospital stays, or calls to the care team are happening more often.
- [ ] Pain, breathing difficulty, nausea, agitation, anxiety, confusion, or other symptoms are harder to manage.
- [ ] Recovery after illness, treatment, or hospitalization takes longer or never fully happens.
- [ ] A serious condition keeps progressing despite treatment.
- [ ] Treatment causes more burden, discomfort, or time away from home than the person wants.
- [ ] Care needs have grown beyond what the caregiver can safely or realistically manage alone.
- [ ] Comfort, family, time at home, or avoiding more hospital care matters more to the person now.

These changes do not diagnose dying or establish eligibility by themselves. They help the doctor or hospice team understand what the family is seeing.

Hospice and palliative care

Both focus on comfort and quality of life, but they are not the same.

PALLIATIVE CARE	HOSPICE CARE
Can begin during a serious illness and may be provided alongside treatment intended to cure or control the illness.	Is for a person approaching the end of life and focuses on comfort rather than treatment intended to cure the terminal illness.
Ask about it when symptoms, stress, communication, or treatment decisions are becoming difficult.	Under Medicare, eligibility includes medical certification of a prognosis of six months or less if the illness follows its normal course.

What hospice may provide

The exact plan depends on the person's needs, setting, coverage, and hospice provider. Medicare-covered services related to the terminal illness may include:

- visits from hospice nurses and other team members;
- medications for pain and symptom management;
- medical equipment and supplies;
- hospice aide and homemaker services;
- medical social services and spiritual support when wanted;
- counseling and grief support for the person and family;
- short-term inpatient symptom management when qualifying symptoms cannot be managed elsewhere; and
- respite care in qualifying circumstances.

Urgent needs cannot wait for a hospice discussion

For a new severe symptom, sudden change, uncontrolled pain, serious breathing difficulty, heavy bleeding, injury, or immediate danger, contact the appropriate clinician, current care team, or emergency service based on the person's care plan and wishes.

What hospice does not automatically mean

- It does not mean the person will die within exactly six months.
- It does not mean care stops.
- It does not mean every medication stops automatically.
- It does not mean the person must leave home or move into a hospice facility.
- It does not automatically provide someone in the home around the clock.
- It does not mean the decision can never be changed.

Medicare hospice can continue beyond six months when the person remains eligible and is recertified. A person may also revoke the hospice election and return to regular Medicare coverage, then elect hospice again later if eligible.

Before the conversation

Specific examples are more useful than saying only that the person is 'getting worse.'

What was different three to six months ago?

What does the person need help with now?

What symptoms or repeated crises are concerning the family?

What treatment is helping, and what feels burdensome?

What has the person said matters most?

Questions to ask the doctor

- [ ] What changes are you seeing in the illness?
- [ ] What should we realistically expect over the next several months?
- [ ] Would you be surprised if this person died within the next six months?
- [ ] Is treatment still helping in a meaningful way?
- [ ] What are the likely benefits and burdens of continuing the current treatment?
- [ ] Would a hospice evaluation be appropriate now?
- [ ] If not, what would need to change before hospice should be reconsidered?
- [ ] Could palliative care help now?
- [ ] Who should we call if symptoms or function change suddenly?

Words you can use

> *We are not asking you to predict an exact date. We need an honest picture of what is happening, what options remain, and whether comfort-focused care should be part of the plan now.*

Questions I do not want to forget

Questions to ask a hospice

[ ] How does the evaluation work, and who determines eligibility?
[ ] What services would this person actually receive, and how often?
[ ] Who is available after hours, on weekends, and during a crisis?
[ ] What medications, supplies, and equipment would be covered?
[ ] Which current treatments or medications could continue, and which might not be covered?
[ ] What is expected from the family or primary caregiver each day?
[ ] What happens if symptoms cannot be controlled at home or in the current facility?
[ ] How does respite care work, and when is it available?
[ ] How do you work with assisted-living, memory-care, or nursing-facility staff?
[ ] How quickly can care begin if the person is eligible and chooses hospice?
[ ] What support is available for the family before and after the death?
[ ] If the person is not eligible or we are not ready, what should we do next?

What matters to the person

If the person can speak for themselves, make room for their voice. If they cannot, use their known wishes, advance directive, healthcare proxy, and prior conversations.

- What does a good day look like now?
- Where do they want to receive care if possible?
- What treatments still feel worthwhile?
- What burdens are they no longer willing to accept?
- Who do they want involved in decisions?
- What cultural, spiritual, family, or personal needs should the team understand?

Notes from the hospice conversation

A decision for today

You do not have to make every end-of-life decision today. The next decision may simply be whether to request more information.

- [ ] I need to document the changes we are seeing.
- [ ] I need to ask the doctor for an honest prognosis and goals-of-care conversation.
- [ ] I need to request a hospice evaluation.
- [ ] I need to ask about palliative care because hospice may not be appropriate yet.
- [ ] I need help understanding the person's wishes or who is authorized to decide.
- [ ] There is an urgent medical or safety need that requires help now.

The call I will make

The question I will ask first

Important limits

This guide provides general education and conversation support. It does not diagnose a terminal illness, predict life expectancy, determine hospice eligibility, create an advance directive, or replace individualized medical, legal, insurance, or emergency guidance.

Coverage and eligibility rules can vary by insurer and situation. Confirm Medicare information with Medicare, the person's plan, and the hospice provider before making coverage decisions.

You do not need every answer before making the first call.

Sources

These are the public sources used to check the medical and Medicare information in this guide. Coverage details and guidance may change; confirm current information before relying on it.

Medicare: Hospice care coverage - medicare.gov/coverage/hospice-care

CMS: Hospice coverage and included services - cms.gov/medicare/payment/fee-for-service-providers/hospice

Medicare: Medicare Hospice Benefits - medicare.gov/Pubs/pdf/02154-Medicare-Hospice-Benefits.PDF

National Institute on Aging: What Are Palliative Care and Hospice Care?

National Institute on Aging: Frequently Asked Questions About Hospice Care

National Institute on Aging: Making Decisions for Someone at the End of Life

Medicare: Suggested Questions to Ask When Choosing a Hospice