



SEASON 1 • EPISODE 04 • SHOW NOTES

Hospice Is Hope: When to Call

with Mary Pope, RN, BSN — Clinical Care Liaison, Gentiva Hospice

About 80% of us say we want to die at home. Only a third of us get there — and the bridge almost no one understands until a crisis is hospice.

About This Episode

Hospice isn't giving up. It's the only Medicare benefit covered 100% — the nurse, the equipment, the medications, even the supplies, wherever you call home. Yet most families find it weeks, sometimes days, before it could have helped them most. The word standing in the way? Hospice.

Mary Pope, RN, BSN, came to nursing as a second career, sat at the bedside of dying patients as a hospice volunteer, and worked as a patient advocate — including at Allied Health Advocates, the company Robin co-founded — before taking her advocacy skills to the hospice side. Today she's a clinical care liaison with Gentiva Hospice in the Seattle area, and her whole job is helping families get past their fear of one word.

In this conversation, Mary explains what hospice actually covers, who qualifies and what happens at six months and a day, why hospice becomes your 911 at 2 a.m., and the exact words to say to a doctor who hasn't brought it up. You'll hear about the five o'clock martini, and the 100-year-old man who gained 20 pounds — proof that hospice is a choice. You have more control than you think.

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Key Takeaways

1. **Hospice is the only Medicare benefit paid at 100%.** Of Medicare Part A's four benefits — hospitalization, skilled nursing/rehab, home health, and hospice — only hospice is fully covered: the team, the hospital bed and equipment, the medications tied to the hospice diagnosis, and the supplies. And you can only use one benefit at a time.
2. **Hospice visits — it doesn't move in.** The nurse and bath aide come for scheduled visits. Day-to-day caregiving is the gap families must plan for: arrange help, or a setting like an adult family home, early.
3. **Once enrolled, hospice is your 911.** Call the 24/7 hospice line first — they'll coach you, send a nurse, or call the ER ahead so your loved one is treated and sent home. A hospital admission automatically bumps you off the hospice benefit.
4. **You don't have to wait for the doctor.** Doctors are often reluctant to bring up hospice. Ask: “How much time do you think we have?” and “Would hospice be appropriate — and can you write the order for hospice?” Anyone can refer you, but an MD or DO must write the order; the hospice can call the doctor's office to get it too.
5. **There is no cliff at six months.** As long as the diagnosis holds and the patient isn't making remarkable improvements, they should be able to be recertified to stay on hospice. People on hospice live on average a month longer than comparable patients off it — and hospice is a choice you can leave and return to.

6. **Interview your hospice before you sign.** Ask the nurse-to-patient ratio, visit frequency and length, what emergency response looks like, and whether a human answers at 2 a.m. Then check Medicare's Care Compare site and read reviews from more than one source, watching the dates.

The Language Toolkit

From Robin's closing — the one-page Hospice Toolkit is the last page of these notes, and a free download at wellsaidhealth.com:

1. **Know the benefit.** Hospice is one of four Medicare benefits and the only one covered 100% — the team, the equipment, the medications, even the supplies, wherever you call home.
2. **Know the signs.** Weight loss without trying; cane, then walker, then wheelchair; sleeping more; wounds that won't heal. Those are the signals a doctor uses — and that you can name.
3. **Know the words.** “I don't want to go — or go back — to the hospital. I want to be comfortable at home. Would hospice be appropriate? And can you write the order for hospice?” You don't have to wait for a doctor to say it first.
4. **Call hospice first.** Once you're on hospice, they become your 911 — because a hospital admission bumps you off the benefit.
5. **Interview your hospice choices.** The nurse-to-patient ratio, the visit schedule, who answers the phone at 2 a.m. The full question list is on the toolkit page.

Mary's one thing:

“We are all going to die. And you have much more power and control over what that process looks like than you might think. But in order to exert that control, you've got to do some planning ahead. You have more control than you think — and plan ahead.”

Your Homework

1. Have the conversation with your family now: what you'd want, where you'd be willing to live if you needed more care, and the words you'd want them to use on your behalf.
2. If a loved one is showing the signs, ask the doctor this week: “How much time do you think we have?”
3. Download the Hospice Toolkit and look up the hospices in your area on Medicare's Care Compare — before you need them.

About the Guest

Mary Pope, RN, BSN, is a hospice clinical care liaison with Gentiva Hospice, serving families across King County, Washington. A former business professional turned nurse, she has been a hospice volunteer, a trained death doula, and a health advocate — and her job today is taking the fear out of one word so families can get the care they said they wanted all along.

Resources Mentioned

- *The Secret Language of Healthcare: How to Ask for the Care You Deserve* by Robin Shapiro — [Amazon](#)
 - [Goodreads](#)
- **Medicare Care Compare** — search and compare hospice providers near you: medicare.gov/care-compare
- **Medicare hospice star ratings** — how the family caregiver survey ratings on Care Compare work: medicare.gov/care-compare/resources/hospice/family-caregiver-survey-rating

- **Medicare hospice benefit overview** — what's covered and who qualifies: [medicare.gov/coverage/hospice-care](https://www.medicare.gov/coverage/hospice-care)
- **Gentiva Hospice** (Mary's organization) — [gentivahs.com](https://www.gentivahs.com)

Episode Timestamps

- **00:00** Show open — 80% of us want to die at home; only a third of us do.
- **02:14** From the business world to the bedside: Mary's path to hospice.
- **03:54** The biggest myth — that hospice takes away hope.
- **04:58** The five o'clock martini: what hospice is really for.
- **06:50** Hospice in plain language — the only Medicare benefit paid 100%.
- **08:25** The team and the visits — and the caregiving gap families must plan for.
- **10:49** The equipment, medications, and supplies, delivered to your home.
- **12:19** “We become your 911” — what happens at 2 a.m.
- **14:14** Why a hospital admission bumps you off hospice.
- **15:27** Eligibility: six months, the diseases doctors can predict, and why they wait.
- **17:48** Why going on hospice earlier changes everything.
- **19:14** Robin's dad — glioblastoma, Hawaii, and finding hospice too late.
- **22:00** Six months and a day: no cliff — Jimmy Carter, and living longer on hospice.
- **23:56** The exact words to start the conversation with the doctor.
- **25:34** Referral vs. order — who can write one, and how the hospice can help.
- **27:59** The signs hospice looks for.
- **28:19** The first 48 hours after you say yes.
- **29:34** The 100-year-old who gained 20 pounds — hospice as a choice, not a sentence.
- **32:12** How to interview a hospice: ratios, visits, and who answers at 2 a.m.
- **36:01** Mary's closing message: you have more control than you think.
- **37:06** The Toolkit — episode four's five moves.
- **39:23** Mary's health hacks: an Oura ring, less alcohol, and a 28-year book club.

Related Episodes

- **S1E01 — Everyone Needs A Health Advocate** with Anne Llewellyn, RN, BCPA
- **S1E02 — Meet the Hospitalist** with Dr. Clark Coler
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WELL SAID HEALTH • EPISODE 4 • WITH MARY POPE, RN, BSN

The Hospice Toolkit

Hospice is not giving up. It's the only Medicare benefit covered 100% — and it comes to wherever you call home.

Most families find it too late. This page is how you find it on time.

1 KNOW THE BENEFIT

One of Medicare's four Part A benefits (hospitalization, skilled nursing/rehab, home health, hospice) — and the only one paid at 100%. You can use only one at a time. The team: an RN case manager, bath aide, social worker, chaplain, and medical director — plus a phone answered 24/7. The equipment: hospital bed, wheelchair, walker, bedside commode, shower chair, Hoyer lift, over-the-bed table — delivered to your home. Plus all medications tied to the hospice diagnosis, and incontinence and bath supplies. The gap to plan for: hospice visits, it doesn't move in — arrange day-to-day caregiving or a care setting early.

2 KNOW THE SIGNS (WHEN TO ASK)

Eligibility means a doctor believes the illness, on its typical course, points to six months or less. The signals: losing weight without trying · cane → walker → wheelchair · sleeping much more · new or slow-healing wounds · increasing pain or shortness of breath · “there are no more treatment options.”

3 KNOW THE WORDS (SAY THIS TO THE DOCTOR)

“She does not want to go back to the hospital — no matter what.”

“He wants to be comfortable, at home.”

“We've been told there are no more options. Would hospice be appropriate — and can you write the order for hospice?”

Anyone can refer you, but an MD or DO must write the order — and the hospice can call the doctor's office to get it for you. Remember: hospice is a choice. You can enroll, leave — for a new treatment, or because you've improved — and come back later.

4 CALL HOSPICE FIRST

Once enrolled, hospice is your 911. Something happens at 2 a.m.? Call the hospice line first — they'll coach you, send a nurse, or call the ER ahead so you're treated and sent home without being admitted. A hospital admission automatically bumps you off the hospice benefit.

5 INTERVIEW YOUR HOSPICE (ASK BEFORE YOU SIGN)

What is your nurse-to-patient ratio?

How often are routine visits, and what happens during one? (Listen for: full skin check, pain assessment, medication review.)

What happens in a pain crisis? What does your emergency response look like?

Does a human answer the phone 24/7? How fast can a nurse get here after hours?

Do you serve my county? Are your aides certified (CNA/MA)?

Then: check Medicare's compare website ([medicare.gov/care-compare](https://www.medicare.gov/care-compare)) and its star ratings, read reviews from more than one source, check the dates, and ask people you trust.

6 PLAN AHEAD — YOU HAVE MORE CONTROL THAN YOU THINK

Talk with your family now: what you'd want, where you'd be willing to live if you needed more care, and the words you'd want them to use on your behalf.

From Well Said Health with Robin Shapiro, author of *The Secret Language of Healthcare: How to Ask for the Care You Deserve*.

Educational, not medical advice — talk with your care team about your situation. • More toolkits + newsletter: wellsaidhealth.com