



Palliative care is still widely misunderstood by many Canadians. Here are 10 common myths we often encounter.

10 MYTHS ABOUT PALLIATIVE CARE

MYTH 1: Palliative care hastens death.

FACT: Palliative care does not hasten death. It provides comfort and the best quality of life from diagnosis of an advanced illness until end of life.

MYTH 2: Palliative care is only for people dying

FACT: Palliative care can benefit patients and their families from the time of diagnosis of any illness that may shorten life.

MYTH 3: People in palliative care who stop eating die of starvation.

FACT: People with advanced illnesses don't experience hunger or thirst as healthy people do. People who stop eating die of their illness, not starvation.

MYTH 4: Palliative care is only provided in a hospital.

FACT: Palliative care can be provided wherever the patient lives – home, long-term care facility, hospice or hospital.

MYTH 5: We need to protect children from being exposed to death and dving.

FACT: Allowing children to talk about death and dying can help them develop healthy attitudes that can benefit them as adults. Like adults, children also need time to say goodbye to people who are important to them.

MYTH 6: Pain is a part of dying.

FACT: Pain is not always a part of dying. If pain is experienced near end of life, there are many ways it can be alleviated.

MYTH 7: Taking pain medications in palliative care leads to addiction.

FACT: Keeping people comfortable often requires increased doses of pain medication. This is a result of tolerance to medication as the body adjusts, not addiction.

MYTH 8: Morphine is administered to hasten death.

FACT: Appropriate doses of morphine keep patients comfortable but do not hasten death.

MYTH 9: Palliative care means my doctor has

FACT: Palliative care ensures the best quality of life for those who have been diagnosed with an advanced illness. Hope becomes less about cure and more about living life as fully as possible.

MYTH 10: I've let my family member down because he/she didn't die at home.

FACT: Sometimes the needs of the patient exceed what can be provided at home despite best efforts. Ensuring that the best care is delivered, regardless of setting, is not a failure.

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