



Palliative care refers to the specialized care of people who are dying that aims to relieve suffering and improve the quality of living and dying.

At ARCH Hospice, we strive to help residents and families address physical, emotional, social, spiritual and practical issues, as well as their associated expectations, needs, hopes and fears.

The need for palliative care in Canada continues to grow, yet it is still widely misunderstood.

10 MYTHS ABOUT PALLIATIVE CARE

MYTH: Palliative care means there's nothing left to do.

FACT: With palliative care, the emphasis of care shifts from *cure* to *improved quality of life* through pain and symptom control. Here, a holistic approach to care is offered where spiritual, psychological concerns are treated as equally important as physical concerns.

MYTH: I can only receive palliative care if I am in the hospital.

FACT: Individuals can receive end-of-life care in a hospital, long-term care facility, hospice, or at home, depending on the resources that are available in your community.

MYTH: Palliative care means I'm very close to death.

FACT: When someone is able to receive palliative care, they may die within days or weeks, or they may live for considerably longer. Palliative care isn't offered based on the amount of time you have left, but according to how much you need the services available through palliative care.

MYTH: Palliative care manages pain through the use of addictive narcotics.

FACT: Palliative care is a holistic approach that provides psychosocial and spiritual care along with pain management.

MYTH: Palliative care is only for old people or people with cancer.

FACT: All those who are diagnosed with a chronic life-limiting illness can benefit from palliative care, regardless of age or illness.

MYTH: If my loved one is unconscious, all of their senses are gone.

FACT: Research indicates that hearing is a strong function that remains, even if your loved one is not conscious. We encourage people to be sensitive to discussions at the bedside if their loved one is unconscious.

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

FACT: Death is an inescapable fact of life. Allowing children to talk about death and dying is important. By talking with them, you may discover what they know and do not know - if they have misconceptions, fears, or worries. You can then help them by providing needed information, comfort, and understanding.

MYTH: Pain is a part of dying. Everyone experiences it.

FACT: Pain is not always a part of dying. If pain is experienced near end-of-life, there are ways it can be alleviated. Talk with your palliative care team to learn about ways to reduce your pain.

MYTH: Near the end-of-life, palliative patients who stop drinking will die of dehydration.

FACT: Requiring less fluid is a normal part of the dying process and is not the same as thirst. In people who are dying, thirst is usually more related to a sensation of dry mouth which can be addressed by giving mouth care.

MYTH: Palliative care accelerates death.

FACT: Palliative care aims to neither prolong nor accelerate death but rather ensures quality of life until the very end.