TO YOUR HEALTH

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10 Common Myths About Palliative Care and Hospice

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When we hear the words "palliative care" and "hospice," many of us have a visceral reaction. They can be scary words and carry several misconceptions. Let's explore some of the common myths about palliative care and hospice so we can be better informed and less afraid of this specialized type of care.

First, it's helpful to define the similarities and differences between palliative care and hospice. We often describe palliative care as comfort care because it addresses the symptoms that can improve the person's quality of life. According to the MA Department of Public Health in their publication, "Know Your Choices: A Guide for Patients with Serious Advancing Illness," *palliative care is a team-based approach to treating serious illness that focuses on a person's physical, emotional and spiritual needs...The goal of palliative care is to prevent and relieve the physical symptoms, anxiety and stress that often accompany a serious illness."*

The guide goes on to say that, "*Hospice provides an array of comfort and support services—also called palliative care—to patients and their loved ones. This is usually when a serious illness is no longer responding to treatments focused on a cure. Hospice helps patients who are dying clarify their priorities and establish their goals of care while providing relief from pain and other symptoms."*

Both palliative care and hospice provide comfort. Palliative care can be provided concurrent with life-prolonging treatment. Hospice care begins after curative treatment is discontinued and when the person is expected to live six months or less.

The assumptions and misconceptions about both types of care are wide-ranging.
Here are some myths followed by the facts.

Myth #1—*Palliative care is only for people at the very end of life.*
Fact: Palliative care is available to people while they are still being actively treated for an illness as well as near the end of life, therefore they do not need to choose between life-prolonging medical treatments and palliative care.

Myth #2—*If I go on hospice, I will die sooner.*
Fact: Choosing hospice care does not mean that death is imminent. There are studies that show that people who choose hospice care earlier often live longer than those who continue with curative treatments.

Myth #3—*If I choose palliative care or hospice for my dying relative, I am giving up on them.*
Fact: Choosing hospice sets into motion several additional services designed to provide comfort and enhance quality of life. It is the opposite of giving up on someone.

Myth #5—*Palliative care and hospice clinicians administer morphine to hasten death.*
Fact: Hospice focuses on the quality of a patient's life rather than prolonging life or hastening death. Morphine is administered in appropriate doses by highly trained medical clinicians to alleviate pain, keep the patient comfortable or help them breathe easier. It does not cause premature death.

Myth #6—*Hospice is a place.*
Fact: Hospice is a philosophy of providing physical, emotional and spiritual care focused on comfort and quality of life. The hospice team can visit the patient in their home, in an assisted living, skilled nursing facility or in a hospital setting. There are also residential hospices where a patient can live near the end of life.

Myth #7—*Hospice provides 24-hour care.*
Fact: The interdisciplinary hospice team (including physicians, nurses, hospice aides, social workers and chaplains), visit on an intermittent basis depending on a patient's needs. If a patient qualifies to live in a residential hospice, they will have round the clock care.

Myth #8—*If my doctor recommends palliative care or hospice, it means she has given up on me.*
Fact: When curative treatments are no longer effective in fighting an illness, the goals of care change to focusing on making the most of the time we have left. A recommendation for palliative care or hospice can be made with the intention of improving the patients quality of life by preventing unnecessary suffering from ineffective medical treatments.

Myth #9—*People who stop eating on hospice will die of starvation.*
Fact: The experience of hunger and thirst is different for people with advanced illness than it is for healthy people. Since the natural progression of a terminal illness interferes with the body's ability to process food and fluids, the sensations of hunger and thirst naturally wane as the body approaches death. Those with terminal illness who stop eating or drinking die of their illness, not starvation.

Myth #10—*Children should be shielded or protected from being exposed to death and dying.*
Fact: Children often perceive unspoken emotions of close family members. It is important to talk to them honestly in age-appropriate ways about death. Just as adults need time to say goodbye to loved ones and grieve, so do children. They are often more resilient that we give them credit for.

As more and more of us are making our wishes known for the care we would want to receive at the end of life, it is important to familiarize ourselves with the terminology around the options available. It may be a hard topic to broach with loved ones, but hopefully if we are clear about expressing our wishes for care it will lead to receiving care more aligned with our wishes.

Health Education Lecture

"Is Your Medicare Plan Still Right for You?"

Yuen Li, a representative from SHINE (Serving the Health Information Needs of Everyone) will share information about health insurance changes. The SHINE Program provides free health insurance information, counseling and assistance to all Massachusetts residents with Medicare.

Please join us for this informative talk.

Wednesday, November 13, 2019
10:30 am—11:30 am
Auditorium Center and Left

Acupuncture News

Barbara Blanchard, LAC has returned from her leave. Barbara is available in the Clinic on Monday afternoons from 1:30pm —4:30pm.
Please call the Clinic if you would like to schedule an appointment.