




Canadian Hospice Palliative Care Association

Association canadienne de soins palliatifs



MYTHS vs FACTS **SHEET 2020**

The myths and facts sheet could be used to share myths and facts on your social media during Hospice Palliative Care Week 2020. Some of the facts might be reiterated to ensure its circulation on social media newsfeed.

You can also use this sheet to talk about hospice palliative care with your family, friends and loved ones.



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Hospice palliative care is only for seniors.

Hospice palliative care is provided to people of all ages from infancy to adulthood. According to a 2018 CIHI study, adults age 45 to 74 were more likely than younger adults and older seniors to receive palliative care across most settings of care (CIHI, 2018). However, people of all ages can develop a life limiting illness and palliative care can care for patients of any age. The number of children who received specialized pediatric palliative care in Canada more than quadrupled between 2002 and 2012 (Widger et al., 2016)

It's just good nursing care.

From its inception, hospice palliative care has always involved nurses. However, today's palliative care is delivered by a multidisciplinary team of experts, including physicians, social workers, counsellors, nurses and volunteers, who are trained to respond to the needs of people with serious illness.

Receiving hospice palliative care means you will die soon.

Hospice palliative care is not just for the last days or weeks of life. It is a holistic approach that includes caregiver support, spiritual care, and much more. Hospice palliative care is about having the best quality of life for however long life remains.

A palliative approach means focusing holistically on physical, psychological, social and spiritual care to improve quality of life whether that is weeks, months or years.

Hospice palliative care is just for people with cancer.

Many years ago, the idea of palliative care was indeed developed for patients suffering from cancer. However, now all people who are diagnosed with a chronic life-limiting illness can benefit from hospice palliative care.

I can only receive hospice palliative care in a hospital.

In many cases palliative care can be provided wherever the patient lives – home, long-term care facility, hospice or hospital. In fact, according to 2018 CIHI research, 75% of Canadians would prefer to die at home and those Canadians who received palliative care at home were 2.5 times more likely to die there than those who received regular home care.

“My community doesn't have a hospice so I can't access hospice palliative care”

Palliative care can be provided at home, in a long term care facility, hospice or hospital (Edelman, 2018).

Hospice palliative care means depending on others for care.

The principal goal of palliative care is actually the opposite of dependency. It aims to support a person to maintain their independence and quality of life while living with serious illness. This



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may mean providing equipment or strategies that may be needed to ensure a person can continue to live their life to the fullest.

Hospice palliative care is most appropriate for patients who will likely die within weeks.

A palliative approach means focusing holistically on physical, psychological, social and spiritual care to improve quality of life whether that is weeks, months or years.

Palliative care patients have serious illnesses that eventually bring about the end-of-life but up until then it is important to be free from pain, symptoms, and suffering.

Hospice palliative care is only pain control.

Hospice palliative care includes psychological, social, emotional, spiritual, care giver support and practical support (Health Canada, 2018)

Pain is a part of dying.

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

Hospice palliative care manages pain through the use of addictive narcotics.

Keeping people comfortable often requires increased doses of pain medication. This is not addiction, but a result of tolerance to medication as the body adjusts to cope with pain and other symptoms. In addition, hospice palliative care is whole person care that provides psychosocial and spiritual care along with pain management.

Well-controlled pain is important throughout an illness. Keeping people comfortable often requires increased doses of pain medication. This is a result of tolerance to medication as the body adjusts, not addiction.

Hospice palliative care speeds up the process of dying.

Palliative care does not speed up the process of dying. It provides comfort and the best quality of life from diagnosis of an advanced illness until end of life.

Raising the topic of hospice palliative care with patients and caregivers robs them of hope.

Hospice 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.

“Is it wrong of me to talk about my death with my loved ones, as they will feel more distress?”

A cultural shift in how we talk about death and dying is required to facilitate acceptance and understanding of what palliative care is and how it can positively impact people's lives (Health Canada, 2018).

“I’m not ready to receive hospice palliative care”

89% of people with life-limiting illness, such as a progressive neurological illness, organ failure, or frailty could benefit from palliative care (CIHI, 2018). Hospice palliative care has many



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benefits such as pain management, symptom management, and social, psychological and spiritual support.

“My physician hasn’t mentioned it to me, so I must not need it”

Patients can initiate conversations with health care teams related to hospice palliative care (CIHI, 2018).

Hospice palliative care is a location, not a resource.

Hospice palliative care is more than a hospice residence – it is a service that can be provided in many settings, including the patients’ home (Edelman, 2018).

Hospice palliative care" and "palliative care" are exactly the same.

They both mean care that provides physical, emotional, social and spiritual support to people with life-limiting illnesses and their loved ones: This care is provided wherever the person is - home, community, hospital - and in many areas separate structures that that are called 'hospices'.

All Canadians has access to hospice palliative care.

At this time not all Canadians who could benefit from hospice palliative care get referred, assessed and provided hospice palliative care services. This could be attributed to the fact that the referral to hospice palliative care is not always made by the health care professionals providing the care. In some cases, the area where the patient lives does not have a hospice palliative care service in the community; however, most acute care hospitals have programs. It is important for the patient or caregiver to discuss hospice palliative care with their family physician or a specialist.

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****The Canadian Hospice Palliative Care Association** – the national voice for hospice palliative care in Canada – is dedicated to the pursuit of excellence in care for persons approaching death so that the burdens of suffering, loneliness and grief are lessened. The CHPCA operates in close partnership with other national organizations and continues to work to ensure that “that all Canadians have access to quality hospice palliative care.”

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