

Busting the Myths around the Palliative Approach to Care

Myth #1: Palliative care is most appropriate for patients who will likely die within weeks.

It's a common misperception that a palliative approach to care is for patients who are dying. In reality, taking a palliative approach means focusing on improving the quality of life, and focusing holistically on pain and symptom management for those with life limiting illnesses. It is provided in all health care settings and involves physical, psychological, social, and spiritual care.

Myth #2: Treatment stops when palliative care starts.

You may think that palliative care signals the end of chronic disease management and related treatment. In reality, some disease-oriented treatments improve symptoms and increase quality of life and therefore continue to be provided as a comfort measure.



Myth #3: Palliative care is best provided by specialists.

Some think that only specialists can provide palliative care. In reality, a palliative approach to care is part of providing comprehensive primary care and can be augmented, if required, by palliative care professionals. We believe that the palliative approach to care should be part of the skills and competencies of all health care providers who care for patients with serious life limiting illnesses.

Myth #4: Raising the topic of palliative care with patients and caregivers robs them of hope.

You may think that patients are better off not talking about palliative care. In reality, a patient does not have to be within weeks of dying to benefit from palliative care. You can start the discussion early about protecting their quality of life as long as possible, which could include clinical interventions but also means understanding what's important to that patient. Patients can articulate what's important to them through advance care planning—a process that encourages individuals to reflect on their values and wishes, and lets others know their future health and personal care preferences in the event that they become incapable of consenting to or refusing treatment or other care. Ask yourself this question if you are wondering when you should raise advance care planning with a patient: Would you be surprised if this patient died within 6-12 months? If you answered yes, then raising the subject with your patient is really important.