

A background image of pink roses with green leaves, some in sharp focus and others blurred.

**HOSPICE** & Palliative Care

CHARLOTTE REGION

PROVIDING COMPASSIONATE CARE SINCE 1978

**PALLIATIVE CARE:**  
*Dispelling the Myths*

# PALLIATIVE CARE:

## *Dispelling the Myths*

Palliative care (pronounced pal-lee-uh-tiv) is specialized medical care for people with serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family. It is appropriate at any age and at any stage in a serious illness. Specialist palliative care is delivered by palliative care specialists who work alongside a patient's primary clinicians. For example, a patient with advanced heart failure may see a palliative care specialist in addition to his or her primary care provider and cardiologist. Specialist palliative care providers are able to use more extensive skills to manage symptoms that persist despite the best disease specific medical management, handle difficult conversations about disease progression and assist patients and their families with medical decision-making based on their goals and preferences.

Palliative Care as a specialty is a relatively new concept and often misunderstood. Learn the truth behind the 8 most common myths of palliative care.

### MYTH #1:

*Palliative Care is just another name for Hospice Care.*

**FACT:** Hospice care is simply a form of palliative care that's given near the end of life, when the patient is expected to have six months or less to live. However, not all palliative care is hospice care.

**Palliative care can be given to patients who still have many years to live, including those who may recover from their illness.**

MYTH #2: *Patients cannot receive other curative treatments such as chemotherapy, surgery, dialysis, home health/therapy while receiving Palliative Care.*

**FACT:** Patients receiving palliative care can also receive other types of curative treatment for their illness. In other words, palliative care is given alongside treatments intended to cure, control, or modify the person's serious illness.



### MYTH #3: *Palliative Care is end-of-life care and speeds up death.*

**FACT:** Palliative Care focuses on the effective relief of pain and other symptoms, while supporting the best quality of life for patients with serious illnesses. Palliative Care is appropriate at any stage of serious illness and is often provided at the same time as curative therapies. In fact, patients who receive Palliative Care often live longer when they receive care from the palliative medicine specialist early in the course of their serious illness.

Another goal of Palliative Care is to help patients and their families better understand their illness, express their values, and explain what is most important to them, especially when their illness is very complex or advanced, so they are better able to make the decisions they might face if their illness progresses.

### MYTH #4: *Palliative Care is just about pain relief.*

**FACT:** Pain from serious illness is a common reason to seek palliative care. But, palliative care also treats many other symptoms and challenges caused by advanced illness. These can include nausea, vomiting, shortness of breath, anxiety, depression, restlessness, spiritual distress, constipation, diarrhea, loss of appetite, swelling, itching, insomnia, and other issues that may affect the patient's and family's quality of life.

### MYTH #5: *Palliative Care is only for patients with cancer.*

**FACT:** Palliative care can help people with virtually any serious condition – at any stage of illness — including terminal cancer. For example, palliative care is for people with kidney, liver, lung and heart disease, diabetes, dementia, multiple sclerosis, Parkinson's disease, and rheumatoid arthritis, among many others.



## MYTH #6: *Palliative Care only benefits patients.*

**FACT:** Families feel a huge sense of relief when they see that their loved one is no longer suffering and finally able to eat or sleep or just participate in daily life. Families also have much less fear and anxiety when they better understand exactly what is happening with their loved one, especially when the patient is hospitalized or acutely ill. Palliative care specialists sit down with the whole family to have a patient-focused conversation to foster shared decision making that results in patients receiving the care they want.

## MYTH #7: *Palliative Care services are only offered in the hospital.*

**FACT:** Palliative care can be provided in the inpatient and outpatient setting. Most palliative care providers offer appointments at a local clinic, in long term care communities such as assisted living communities, skilled nursing communities and many will offer home visits based on medical necessity. Check with your local palliative care provider to determine what services are available in your area.

## MYTH #8: *Palliative care is expensive.*

**FACT:** Palliative care visits are covered by Medicare Part B, Medicaid and most commercial insurers with applicable co-payments and deductibles. Palliative care is billed just like any other medical specialty.

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