

Résidence
de soins palliatifs
Teresa-Dellar



Teresa Dellar
Palliative Care
Residence

De-mystifying Palliative Care

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Objectives:

- To describe the Quebec and Canadian landscape related to palliative care
- To review the common myths of palliative care
- To define palliative care and discuss the philosophy of care
- To challenge the myths and provide a more accurate perspective on palliative care



Knowledge is Empowering

→ To decide about palliative care, you need to know what it is... and what it isn't.

**Palliative.
End-of-Life.**

**These are scary words, but
with knowledge comes power.**



Perceptions of Palliative Care: Quebec Survey Results

What is palliative care?

- The vast majority of Quebecers (89%) believe that they have a reasonable knowledge of what palliative care is.
- That said, 79% of respondents associate palliative care with providing comfort care to terminal patients at the end of life.
- Under half of Quebecers understand that palliative care includes whole-person care and all that it entails.

*Alliance des maisons de soins palliatifs du Québec, Canadian Cancer Society, Montréal Institute for Palliative Care
(Ipsos Reid: Survey of 1000 citizens , April 2023)



Perceptions of Palliative Care: Quebec Survey Results

When prompted what palliative care encompasses:

- 74% of respondents associate palliative care with pain relief
- 49% wrongly believe that medical aid in dying (MAID) is part of palliative care
- Only 43% believe that palliative care can improve a person's quality of life
- Only 56% think that psychological support is part of palliative care
- Only 47% think that spiritual care is part of palliative care
- Only 36% think that bereavement support is part of palliative care
- 68% wrongly believe that PC is only offered to people during the final weeks leading to death
- 82% believe PC is available in hospices, 70% in hospitals, only 51% in CHSLD's, 40% at home, 28% retirement homes

* *Alliance des maisons de soins palliatifs du Québec, Montréal Institute for Palliative Care, Canadian Cancer Society*

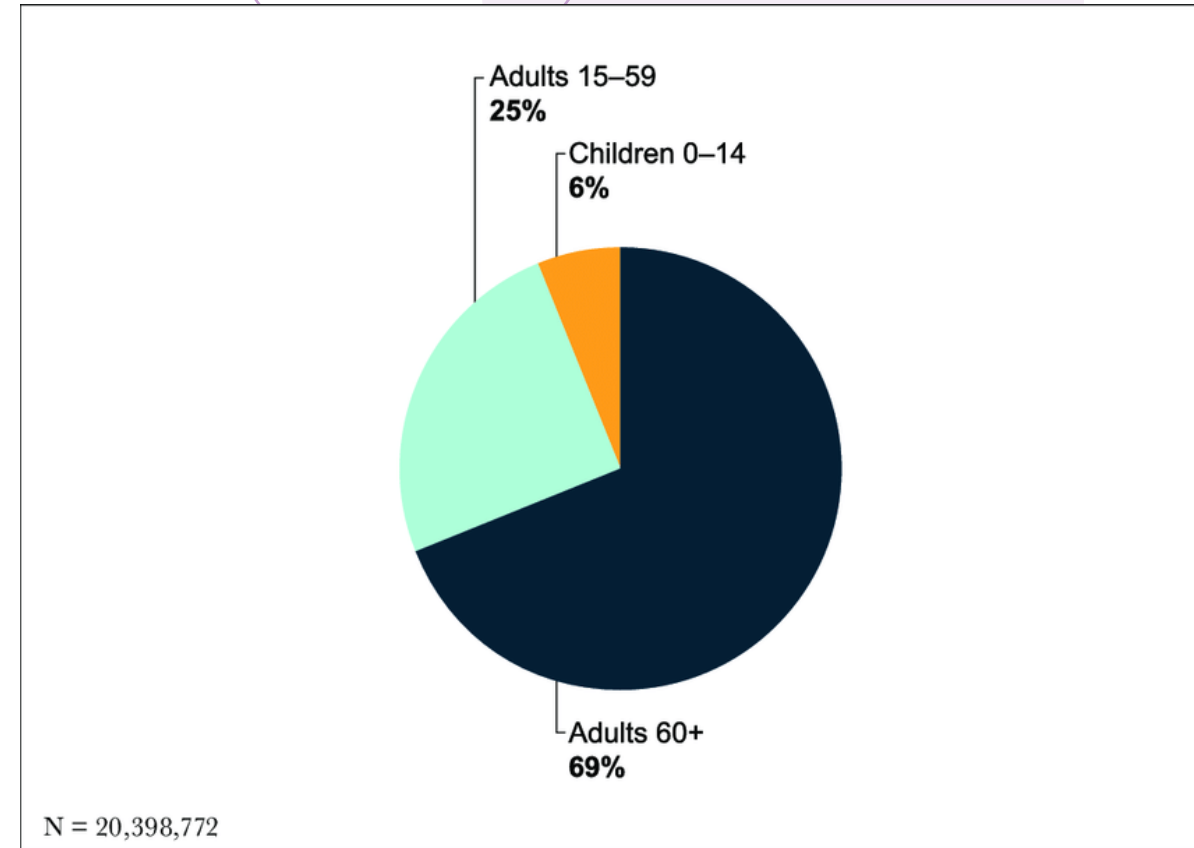


Myth

→ Palliative Care is only for the elderly.

Fact

→ Life-threatening and life-limiting illnesses occur across all age groups. Although more common in older people, younger people also develop progressive and incurable illnesses.



Myth

→ Palliative Care is only for patients with cancer

Fact

- Palliative Care is applicable for many different diseases, not only cancer: this includes advanced heart, lung, kidney and neurological diseases, such as dementia & ALS, amongst others.
- All patients, with any life limiting, progressive illness, are good candidates to benefit from palliative care services.

INTEGRATED PALLIATIVE APPROACH TO CARE

ADOPT EARLY*

Apply palliative principles early, as soon as diagnosis. Understand chronic disease paths and where the person is along the illness journey.

ADAPT*

Blend principles of palliative care with chronic disease management. Tailor knowledge and skill to different populations and chronic conditions.

EMBED*

Adjust systems of care to integrate a palliative approach into usual care processes.

Myth

→ Palliative Care can only be delivered by specialists

Fact

- Palliative Care is provided by a diverse team of healthcare professionals who have been trained on the fundamentals of PC.
- All health professionals caring for someone with a life-threatening/life-limiting illness should know the essentials of good PC. This includes family doctors, nurses, oncologists, cardiologists, social workers, pharmacists, psychologists, physical, occupational and spiritual care therapists, dieticians, speech and language pathologists, etc.
- We cannot rely **ONLY** on a small number of PC specialists!



Myth

- Everyone in Canada has access to Palliative Care services
- When it's time, the palliative care and services they need will be readily available and health care personnel will know how to care for them

Fact

- Most people only think about accessing palliative care in the latter phases of a terminal illness - because of this, the availability of specialists and health care professionals who are trained and comfortable offering elements of palliative care (like good pain management), is very low.
- Our country is large! It makes it difficult to have 100% accessibility, for instance in the more rural areas of the country. In fact, less than 30% of Canadians have access to palliative care.



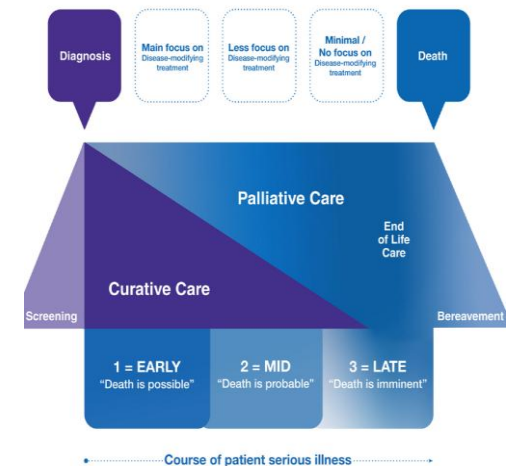


Myth

- Palliative Care is only for the last days and weeks of life and starts when there is no further active, curative, treatment available.
- Starting Palliative Care means I am dying.

Fact

- Palliative Care can start much earlier; in fact, as soon as a person is first diagnosed with a life-limiting or end-of-life illness. In many settings, especially in hospitals and outpatient clinics, palliative care continues throughout a person's illness and alongside curative treatments, (even for years).
- Many people can benefit from Palliative Care long before they are in the terminal phase. Palliative Care means improving quality of life and engaging in meaningful things, no matter how long one has left to live.



Hudson et al., 2021

Earlier Palliative Care

- Better quality of life
- Better symptom control
- Less depression
- Less anxiety
- Longer life



Myth

→ Starting palliative care means giving up and that we have failed

Fact

Starting a palliative care approach means:

- Care continues with a focus on comfort and increasing a person's quality of life.
- Alleviating physical discomforts, such as pain, nausea, vomiting, breathlessness, confusion, etc.
- Providing psychological, social and spiritual support to both the patient and his/her family
- Continuing to focus on life, not the impending death



Myth

→ Morphine will hasten death

Fact

- Morphine is a safe and effective medication when used appropriately for pain control.
- The goal is to control pain AND have a person clear of mind- if not, the dosage or medication needs adjustment.
- Becoming sleepy or fatigued is part of the normal process of dying- and Morphine is often inaccurately blamed for this.



Myth

→ Palliative Care is another way of saying medical aid in dying.

Fact

- Palliative Care neither hastens nor prolongs life.
- MAID is not a component of palliative care
- Both palliative care and MAID are different end-of-life options

Fact: Palliative care and MAID both provide quality options for care at the end of life.

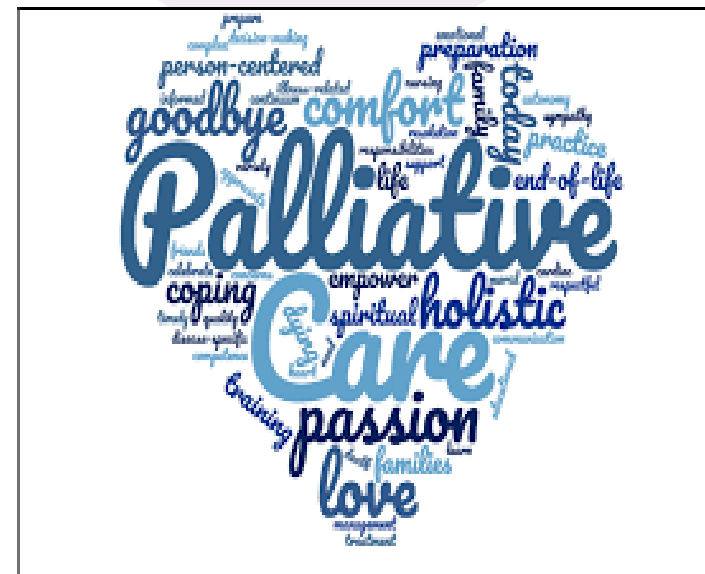


BUT- they are not interchangeable and are two distinct services , and patients receiving MAID may also be receiving palliative care



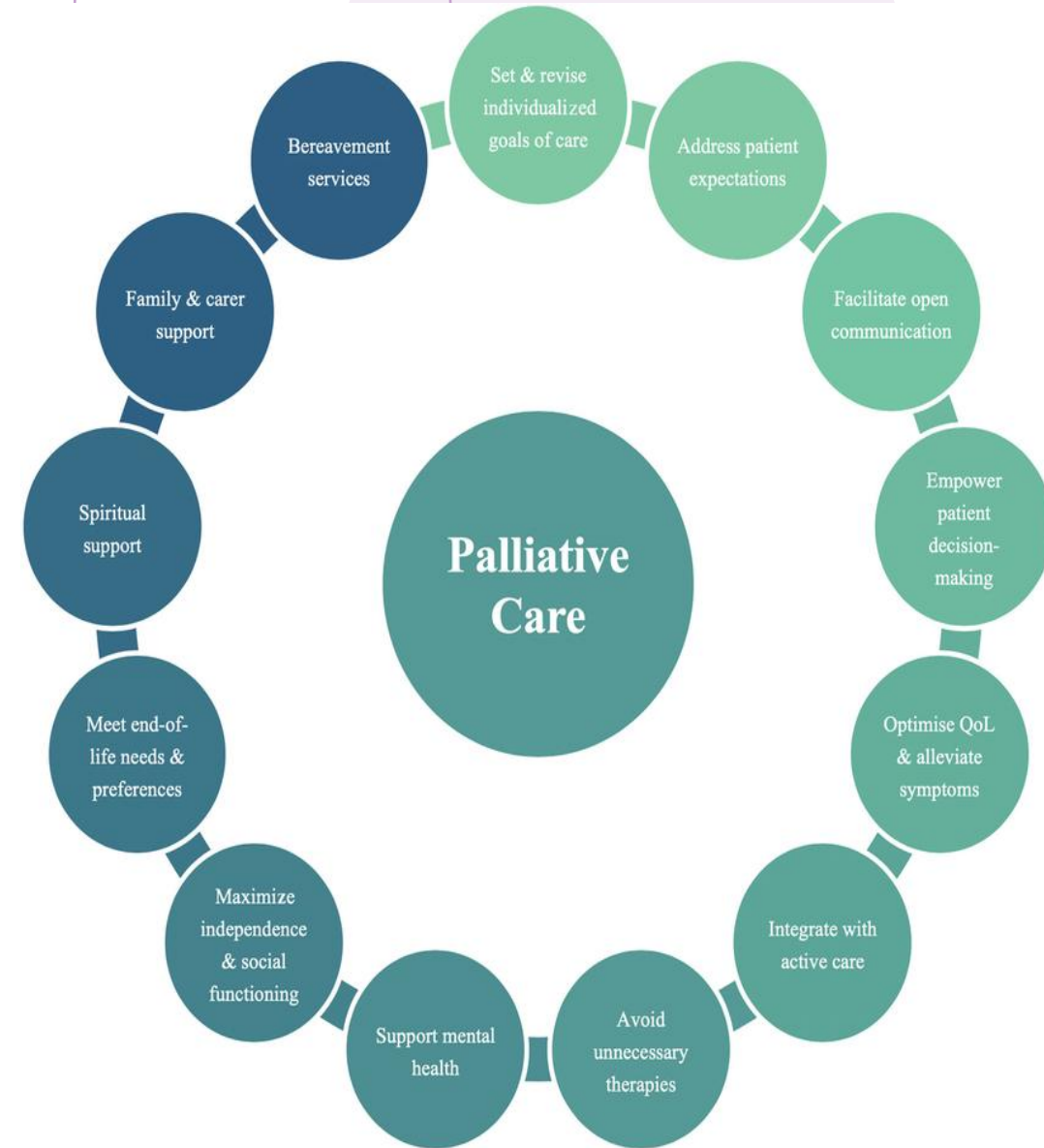
What is Palliative Care

- A philosophy that is used to ensure well-being for those affected by a terminal illness and their loved-ones.
- Supports the natural process of dying to occur, in its own time.
- Strives to address and control the physical, psychological, spiritual and social aspects of a patient's experience
- Focuses on the individual's quality of living until the end.



Palliative Care Philosophy:

- Aims to relieve suffering and improve the quality of living and dying.
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- Determines 'how' we deliver our care- With compassion and dignity.
- Provides relief from pain and other distressing symptoms.
- Affirms life and regards dying as part of the normal process of living.
- Integrates the psychological, social, and spiritual aspects of patient care.



Palliative Care:

→ Focuses on the *person*, not the disease to help the person to live out his/her life in whatever time remains in his/her preferred way in the setting of his/her choice

The Two Sides to Your Thinking

Medical Care vs. Palliative Care

Left Brain Medical Care

Physical Health

Healthcare Professionals

Medical Intellect

Duty to Save Lives

Fearful of Death & Dying

Fight-or-Flight Reaction

Glass Half Empty

Deficits-Frustrations-
Unfinished

Oblige Others

Medicare Entitlement

Big Business

Buying Into the System

Chance Living Longer

Right Brain Palliative Care

Spiritual Well-Being

Family Caregivers

Parental Instincts

Empathy to Spare Dignity

Value-Conscious

Peaceful, Easy Feeling

Glass Half Full

Abundance-Satisfaction-
Fulfillment

Supported by Others

Palli-Care Enlightenment

Personal Service

Bucking the System

Prefer Dying at Home



Who can Receive Palliative Care

→ Palliative care is appropriate for any patient and/or family living with a progressive, life-limiting illness due to any diagnosis, with any prognosis, regardless of age.

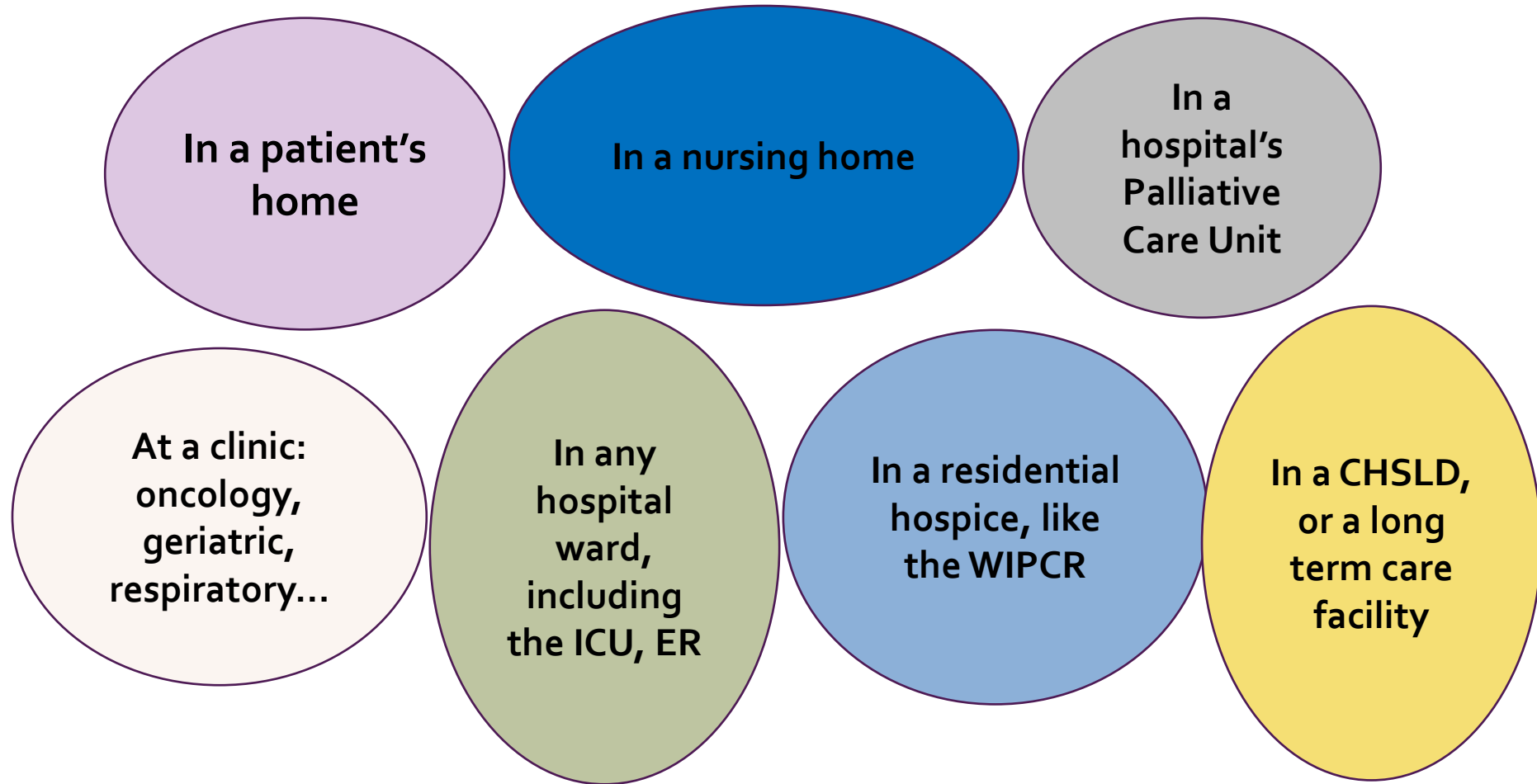


Palliative Care isn't a Place

- It is a philosophy that is used to deliver compassionate care, which focuses on increasing a person's quality of life.
- It can be provided anywhere, even in the home.



Places where a palliative approach can be used



Some other Misconceptions of Palliative Care & their Truths

- **Myth:** People in palliative care who stop eating die of starvation.
- **Myth:** We need to protect children from being exposed to death and dying.
- **Myth:** I've let my family member down because he/she didn't die at home.

- **Fact:** People with advanced illnesses don't experience hunger or thirst as healthy people do. People who stop eating die of their illness, not starvation.
- **Fact:** Allowing children to talk about death and dying can help them develop healthy attitudes that can benefit them as adults. Like adults, children also need time to say goodbye to people who are important to them.
- **Fact:** Sometimes the needs of the patient exceed what can be provided at home despite best efforts. Ensuring that the best care is delivered, regardless of setting, is not a failure.

Palliative Care



ANY
Questions?

