

## Frequently Asked Questions about End of Life Care

**Q: What is Palliative Care?**

**A:** Palliative Care aims to relieve suffering and improve the quality of living and dying of individuals with a progressive and incurable illness. Palliative care is specialized care providing expert pain and symptom management, emotional and spiritual care, as well as supportive care for family and staff after a death. Studies of individuals receiving palliative care show:

- Improved satisfaction with end of life care
- Improved pain control
- Decreased use of hospital transfers, tube feeding and physical restraints.

**Q: What can I expect from Palliative Care?**

**A:** You can expect relief from distressing symptoms such as pain, constipation, nausea, loss of appetite, shortness of breath, fatigue and difficulty sleeping. The palliative care team will offer patients important information about their illnesses and explain the options with regard to medical care procedures and or prescribed therapies. Patients will be supported to continue to carry out the activities of their daily lives.

**Q: How do I know if Palliative Care is the appropriate course to take?**

**A:** Palliative Care may be right if you suffer from pain or other symptoms due to a serious illness, including, but not limited to: Cancer, End-stage heart, lung, and renal diseases, Multiple Sclerosis (MS), AIDS, Amyotrophic Lateral Sclerosis (ALS) and Alzheimer's Disease. Palliative Care can be provided at any stage of the illness and along with treatment meant to cure you.

**Q: Who Provides Palliative Care?**

**A:** Palliative Care is provided by a team of health professionals who have chosen to specialize in end of life care. The team of professionals often includes: nurses, physicians with specialized palliative care skills, the family physician, social worker, chaplain, spiritual care associates and a pharmacist. Other health professionals such as: physiotherapists, occupational therapists, dieticians and even massage therapists may provide consultative or active services as needed. Volunteers are also an important part of any palliative care team as they provide much needed companionship, relief, support and even transportation to clients and families. Depending on the hospital or community organization, these teams will vary.

**Q: Is the delivery of Palliative Care the same for all persons of all ages?**

**A:** No. While the quality of care should be the same for everyone, there are vast differences between delivering palliative care to a child and delivering care to older adults due to differences in age, disease, support systems and capability to name a few.

**Q: Where do people receive palliative Care?**

**A:** Palliative Care can be offered in any number of places. These include Long Term Care Homes, Hospices, Hospitals or at home. Palliative Care services, including a variety of home support services, can be coordinated within the community. Other services may include volunteer visiting, pain and symptom management teams and 24 hour response teams that respond to urgent issues.

**Q: Is Palliative Care a “last resort” for when there’s nothing else that can be done?**

**A:** No. Palliative Care can begin, and continue on, in conjunction with other treatment. Clients should never be told there is nothing else that can be done as this is just not true, and clients and families will feel abandoned. While there may not be any further active treatments to stop the disease, there is still symptom control, including pain management. It is always possible that there is something that can be done.

**Q: What is the difference between Palliative Care and Hospice?**

**A:** Palliative Care is the more widely used term, which refers to the care that is offered in the last days of life, the actual building where the care takes place, the overall philosophy of care, or sometimes the care offered by volunteers. You will hear the terms Palliative Care and End of Life Care, used more frequently.

**Q: Do older adults have an easier time facing the dying process?**

**A:** There is a misconception that “seniors are always prepared to die when faced with a life-threatening illness”. This just isn’t true. At every stage of life we face different losses and draw on different strengths. There are so many factors, including our formal and informal supports, what illness we are facing and the medical attention we receive. This is also why the delivery of palliative care is not the same for all persons of all ages.

**Q: Is dying at home always better than dying in an institutional setting such as a Hospital or a Long Term Care Home?**

**A:** Choosing to die at home allows people to be surrounded by their family, pets, and worldly possessions all within a familiar environment. People often feel more at ease when at home and feel that they have more freedom to make choices about their care. However, depending on available community services and the person’s health needs, dying at home isn’t always the best option. Equal access to community palliative care becomes especially difficult in rural and remote communities where resources are scarce.

**Q: How does palliative care differ for seniors with dementia who are facing a life-threatening illness?**

**A:** Seniors with dementia rarely receive adequate palliative care. Individuals with advanced dementia cannot voice their discomforts or fears, and if they do, often this is done through communication that is seen as behavioural (vocalization, calling out). It is often difficult to assess the needs of persons with dementia, however through observation of the person and assessing their symptoms, it is possible to provide support.