



Palliative Care Myths

Myths and Facts:

Myth: *Pain is an inevitable part of dying*

Fact: Pain can be managed through a number of ways. Pain management is a vital part of palliative care to make sure the patient is not suffering from their condition or symptoms. Pain is mainly managed by medicines including morphine. Pain is also managed by helping patients live with their pain.

More information about management of pain can be found [here](#).

Myth: *Dying is similar to the movies, where people take a last breath surrounded by family and friends.*

Fact: This may be the situation for some people, but like television representations of births, life is more complex and varied. Dying is different for everyone depending on age, gender, illness and mobility. Unfortunately, not all deaths are peaceful and some people need a lot of physical and emotional support to assist them to die.

Myth: *People in palliative care who stop eating die of starvation.*

Fact: As people deteriorate from advanced illnesses, it is common for hunger and thirst to decline as the body recognises itself that it is coming to end of its' life. People who stop eating die of their illness not starvation. Hunger is usually absent as death nears, so feeding to prevent hunger is not usually indicated unless the patient desires food. Keeping the mouth moist and comfortable is very important.

Myth: *Palliative care hastens death, it is the beginning of the end*

Fact: Palliative care ensures you have the best quality of life until your death. Palliative care provides physical, emotional, social and spiritual support for you and your family. Studies have shown that people with advanced illness who receive palliative care have improved quality of life and have in fact been shown to live longer than people with the same advanced illness who do not receive palliative care.

Myth: *Palliative care is only available when you're in your last few days of dying.*

Fact: Palliative care is available for people once they are diagnosed with an advanced illness that will cause their death which could be many years away. Palliative care provides specialised care to manage pain and other symptoms, as well as addressing the needs of the person and their family so that they can live, die and grieve well.

Myth: *You can only receive palliative care in a hospital.*

Fact: Palliative care is provided in many places including hospital, hospice, aged care facilities and in the home.



Myth: *Palliative care means my doctor has given up and there is no hope for me.*

Fact: 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.

Myth: *Palliative care is just for people with cancer*

Fact: Palliative care can be accessed by anyone suffering with a life limiting illness, including chronic diseases such as kidney, liver, lung and heart failure, dementia and other neurological illnesses as well as certain conditions among children.

Myth: *Euthanasia and assisted suicide are part of palliative care. Making them legal only offers more choice to patients*

Fact: Euthanasia and assisted suicide is not a substitute for palliative care. Palliative care strives to help a patient and their family physically, emotionally, spiritually and mentally to die well, naturally. We should strive to provide the best care possible so that no-one needs to ask for euthanasia or assisted suicide. Health care should remain a safe haven so people can have faith in their doctors and their efforts to provide the best care possible. It is also very important that patients understand the differences between palliative care, euthanasia and assisted suicide so that they are not afraid to access palliative care.

Myths about Morphine (adapted from [Caresearch](#))

Myth: *Morphine is addictive*

Fact: When given to relieve pain, morphine (or any other opioid) is not addictive.

Myth: *Tolerance to morphine will develop and higher doses will be needed*

Fact: Tolerance does not develop, disease progression may cause increasing pain, and therefore increased need for pain relief.

Myth: *Injections are better than oral*

Fact: Injections are only necessary if the patient cannot take oral medications. Oral preparations are as effective. Long acting forms can mean better pain control, convenience and less frequent administration.

Myth: *Once on morphine the end is near*

Fact: Many patients can use morphine for many months to control pain and breathlessness. Morphine does not cause death, the underlying illness causes death.

Myth: *Believing side effects from opioids (nausea, vomiting, constipation etc.) are allergies*

Fact: Side effects are common and can be managed. True allergies to morphine are rare.

Myth: *Codeine is a better drug than Morphine*

Fact: Codeine is changed by the body into morphine. One Panadeine™ is equivalent to 1mg of oral morphine.



Definitions:

Euthanasia, assisted suicide and physician assisted suicide are not the same thing.

In fact these phrases, now also being called assisted dying, describe different ways of helping someone die.

- **Euthanasia** is the deliberate action or inaction with the intent of ending a person's life
 - **Voluntary euthanasia** occurs when a person has given informed consent to be euthanased
- **Assisted suicide** involves providing the means (such as a lethal cocktail of drugs) to enable a person to end their own life through suicide.
- Euthanasia and assisted suicide are not medical treatments and are not part of palliative care.
- **Terminal sedation** is a term used to describe the use of sedation on a patient who is actively dying (only hours or days left), and has become confused or agitated. Patients who are sick or actively dying often have a very low level of energy and cannot concentrate or understand what is going on around them, making them fearful and therefore agitated.
- **Palliative sedation** is a term used to describe the use of sedation on a patient who is **NOT** actively dying but has a difficult symptom (such as pain) or distress (including existential) that medications cannot overcome. The sedation is used to "control" the distress from their symptom. This is rarely used.
- **Palliative care** provides specialist health care to promote the quality of life, comfort and dignity of persons with a life limiting illness and to support their family to provide care. It includes expert assessment and specialist pain and symptom management. Interdisciplinary care addresses the person's physical, psychological, spiritual and cultural needs.