

Palliative Care

Subjects: Others

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For EAPC, palliative care is the active, total care to improve the quality of life of patients, whose disease is unresponsive to curative treatment. It takes a holistic approach, addressing physical, psychosocial and spiritual care, including the treatment of pain and other symptoms. Palliative care is interdisciplinary in its approach and encompasses the care of the patient and their family and should be available in any location including hospital, hospice and community.

Keywords: Symptom control ; Patient centred care ; Caregiver support ; Communication ; Holistic approach ; Inter-professional care ; Compassionate care

1. Introduction

This interdisciplinary approach addresses patient, family, and community needs, affirms life, considers death and dying as a normal process, and aims to achieve, support, preserve, and improve, as much as possible, the best quality of life until death^[1]. As people are living longer with an increased disease burden, many patients will need primary, secondary, and specialist palliative care. Palliative care is a public necessity^{[2][3]} and a human right^[4], meaning that people have the right to live free of cruel and degrading side-effects of treatment, the right to nondiscrimination and equality/equal access, as well as the right to information.

Every year, 1.5 million Americans die in palliative care units (60%), and there are many others who meet the admissibility criteria for these units but are not admitted because of stigma, fears, and misinformation linked to end-of-life care. Patients with an advanced disease receive palliative care very late in their illness course, probably due to fear and stigma attached to palliative care^[5]. As palliative care develops further, patients and their families will benefit earlier on from such care.

2. Dispelling Misconceptions about Palliative Care

There is evidence in the literature about the benefits of discussing and dispelling misconceptions about palliative care, as these affect the care and quality of life of people in need of such care. Access to palliative care is also considered an important issue to reduce the global cancer burden by the year 2025^[6] and improve the quality of life of patients and families. The Union for International Cancer Control published a declaration with the goals to be achieved by 2025, one of which is to dispel myths and misconceptions about the disease and reduce the associated stigma^[6].

Several studies have assessed knowledge about palliative care in healthcare (HCPs) and nonhealthcare professionals (NHCPs). Lack of such knowledge is associated with myths and misconceptions, which lead to low referral rates and misuse of such services. There is a low level of knowledge among the general population^{[7][8][9][10]}. There is also poor training in palliative care among HCPs. This is considered one of the biggest barriers to promoting the quality of palliative care^{[11][12]} and, therefore, inclusion in the curricula of HCPs is indispensable^[13].

Several authors have highlighted the common myths, misconceptions, and superstitions attached to palliative care in several countries, which are linked to poor knowledge by patients, families, and HCPs (especially nurses and doctors)^{[5][14][15][16][17][18][19][20]}. Common myths frequently associate palliative care with a loss of hope for patients, who are merely waiting to die, when nothing more can be done. Consider palliative care for cancer: it is normal to expect and tolerate pain at the end of life. Other misconceptions are related to symptom control, such as the use of oxygen to relieve dyspnea and prolong a patient's life. There are also misconceptions regarding the management of pain and other symptoms, particularly those related to morphine, the inevitability and normality of pain, as well as nutrition and hydration in palliative care^{[15][17][18]}. Other myths refer to communication, such as the conspiracy of silence or talking about the prognosis and discussing the place of death^{[5][14][15][16][17][18][19][20]}.

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