

-
- Serenity and inner peace;
 - Sharing good times with family and friends;
 - Passing a legacy of strength and courage on to those they leave behind.

It is important to talk about feelings, concerns and goals. For more information or support, contact the London Regional Cancer Program's Palliative Care Team. They are there to support you through this journey.

For more information on Palliative Care Services within the Southwest Region:

LRCP Palliative Care Services

519-685-8500 ext 53257

South West CCAC

519-641-5438

You may also contact the Community Care Access Centre that is closest to your community.

“ To Cure Sometimes
To Relieve Often
To Comfort Always”

(origin. 15th century France)



Southwest End-of-Life
Care Network

Patient Information Understanding Palliative Medicine/ Palliative Care



London Health Sciences Centre

London Regional Cancer Program

790 Commissioners Road East
London, Ontario N6A 4L6
519-685-8600

[www.lhsc.on.ca/About Us/LRCP/](http://www.lhsc.on.ca/About_Us/LRCP/)

Understanding Palliative Medicine/ Palliative Care

The concept of Palliative Medicine is not well understood by the public and many health care professionals. Many times it is confused with hospice care and supportive care.

The purpose of this pamphlet is to give a general overview of the purpose and goals of Palliative Medicine/Palliative Care.

What is Palliative Care?

Palliative Care is a term that is used to describe the professionals who work as a team to support people who cannot be cured of their illness. This team consists of physicians, nurses, social workers, spiritual care specialists, and others. They focus on relief of suffering by meeting the physical, emotional, psychological and spiritual needs of the person and their family.

Many times, a person diagnosed with a life threatening illness has a hard time finding meaning and purpose in life. Palliative Care providers can help the person and their family address issues, expectations, needs, hopes, and fears. When receiving palliative care, many people experience an improved quality of life and reduced anxiety once symptoms have been well managed.

What is Palliative Medicine?

Maintaining a person's comfort and dignity is the major focus of Palliative Medicine.

Palliative Medicine provides care, comfort and support to individuals and families who are living with or dying from an illness. Its purpose is to relieve suffering in order to improve a person's quality of life. Palliative medicine provides medical treatments that focus on symptoms rather than on curing the illness.

What are the treatment goals of Palliative Medicine?

Rather than curing a person from a disease, the goal of Palliative Medicine is to help relieve the symptoms the person may have. These symptoms can come from the disease itself, or from treatments that are used to treat the disease. Medication, radiation therapy, and other complementary therapies are used to manage many different symptoms. Some of these symptoms include:

- Pain;
- Shortness of breath;
- Nausea/vomiting;
- Fatigue;
- Loss of appetite;
- Depression and anxiety.

When death is imminent, treatments are provided so that a person can die in a peaceful and dignified way.

How is information shared?

The team at the London Regional Cancer Program will support both the individual and the family members. Information about a person's illness will be given in a supportive and compassionate manner. In sharing information, people's wishes will be respected in terms of how much information they want and the manner in which they want to receive it.

As a person's goals, needs and expectations change, the services provided by Palliative Care professionals will also be changed in order to address these issues.

Where can Palliative Care Services be provided?

Palliative Care can be offered anywhere a person faces a life-threatening illness. It can be provided at home, in hospital, in outpatient clinics, in long term care facilities and in other specialized units.

Hope is always there...

When a person realizes that a cure cannot happen, it is possible to reframe hope to include realistic goals. These goals can include:

Pain Medicine for the Person Receiving Palliative Care



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For many people, the thought of extreme pain can be frightening. However, most pain can be controlled with medicines like morphine.

Both 'narcotic' and 'opioid' are words used to describe the same class of medications. Many people see and hear the word 'narcotic' as negative or bad. Because of this, you may notice healthcare workers using the word 'opioid'.

People who think this medicine is bad may be afraid of overdosing, experiencing terrible side effects, or becoming addicted. Many of these myths are based on false information.

It is important to know the truth about opioid medicine, so that patients and physicians will not be afraid to use it appropriately to control pain.

The purpose of this pamphlet is to explain some of the common myths about using these drugs to control pain.

Myth: Opioids are only used for people who are very close to death.

Truth: Opioids control pain very well. They can be used at any stage of a disease where pain needs to be controlled. Everyone feels pain

differently. Some people may never need opioids, while others may need them for a longer period of time.

Myth: People who use morphine or other opioids will become addicted to them.

Truth: Addiction is a psychological craving or desire for a drug. When patients use morphine to control pain, it is not likely that they will develop an addiction. However, patients can develop a physical dependence to opioids. This can be treated. When the patient no longer needs pain medication, the doctor will slowly reduce the dose over time to prevent the side effects of withdrawal.

Myth: People should only use morphine when their pain is extremely bad, otherwise it will not work when it is really needed.

Truth: The body can get used to certain drugs, which makes them less effective over time. This is called tolerance. Fortunately, opioids do not have an "upper dose limit". This means it is unlikely for the patient to develop a tolerance to narcotics. It also means people do

not need to live with pain. Doctors will simply increase the medicine to treat the pain, as it gets worse.

Myth: Opioids slow down a person's breathing, causing them to die sooner.

Truth: Patients with severe pain rarely have breathing problems when they use these drugs to control pain. In fact, patients with breathing problems near the end of life are often given opioids because it helps make their breathing more comfortable.

For more information, contact one of the following:

Palliative Care Program, London Regional Cancer Program at 519-685-8500 ext 53257.

Southwest Community Care Access Centre's Head Office at 1-800-811-5146, TTY 1-800-811-5147.

Supportive Care, London Regional Cancer Program at 519-685-8622.

Anticipatory Grief



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Much of life is spent anticipating both happy and sad events that are about to happen.

This is true when we learn that someone we love does not have long to live. It is at this point that we begin to grieve the loss of our loved one, even while he or she is still alive.

This experience is known as *anticipatory grief*. It is important to know that both the person who is dying and those who will be left are grieving during this time.

Anticipating the loss and knowing what is coming can be emotionally difficult for family and friends. It is not unusual to experience guilt for “wishing it were over,” or for seeing their loved one as already “gone.”

It is important to recognize that these feelings are normal. Other aspects of anticipatory grief that may be experienced by family and friends include:

- Anxiety;
- Depression;
- Heightened concern for the dying person;
- Rehearsal of the death;
- Attempts to adjust to the consequences of the death.

Anticipatory grief provides family/friends with time to gradually absorb the reality of the coming loss. Family and friends are able to complete “unfinished business” with the dying person. For example, they may say “good-bye”, “I love you,” or “I forgive you.”

Anticipatory grief allows you to prepare emotionally. Family and friends can address unresolved issues or seek out emotional and spiritual support.

This may also be a time to discuss your loved one’s hopes for the family. It can also be a time to find out your loved one’s wishes regarding funeral arrangements.

Dealing with the various feelings one experiences when a loved one is dying can be overwhelming and difficult emotionally.

If you want to talk to someone, please call Supportive Care, London Regional Cancer Program at 519-685-8622 and ask to speak to a Social Worker or the Spiritual Care Specialist.

References

<http://www.genesis-resources.com/brochures.htm> (checked July 2007).

Corr, C. A., Corr, D. M., Nabe, C.M. (1997) Death and Dying, Life and Living 2nd ed. Pacific Grove: Brooks/Cole Publishing Company.

More Information

For information regarding in-home palliative care services please call the Southwest Community Care Access Centre’s Head Office at 1-800-811-5146, TTY-1-800-811-5147.

This brochure is based on a pamphlet developed by Parkwood Hospital.