



# Palliative Care and End-of-Life Care

## Palliative Care Vs. End-of-Life Care

### What is Palliative Care?

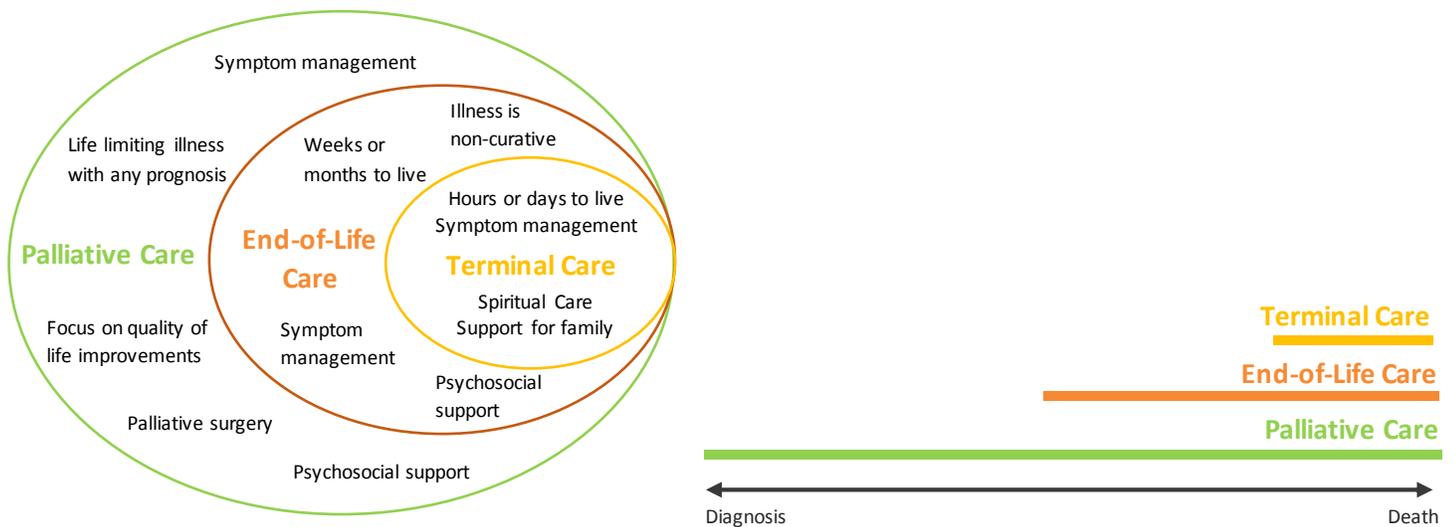
Palliative care is an approach that focuses on improving the quality of life for residents with life-threatening or life-limiting illness and their families in accordance with residents' values and preferences. It is the prevention and relief of suffering through early identification, assessment and treatment of pain or other distressing symptoms, including social, psychological and emotional support.

### What is End-of-Life Care?

End-of-life care occurs in the last part of a resident's life, usually in the last days, weeks or months of life.

### Determining the Differences:

Palliative care and end-of-life care are often lumped together as one term. It is very important to understand that they are different. Palliative care includes end-of-life care, but palliative care is not strictly end-of-life care, it is so much more.



Adapted from *Palliative Care in ON: Everything you need to know, Guides, 2019, Closing the gap Healthcare website*

## Myth Busters

There are many common myths around palliative care, let's bust some of them:

### **Palliative care starts when someone is actively dying.**

Palliative care is not only for the last days and weeks of life, it should start much earlier. Palliative care should start as soon as the illness is found to be serious and life-threatening, if not earlier. Palliative care focuses on the whole illness trajectory, not just when someone is actively or imminently dying.

### **Palliative care starts when someone is close to dying and ends at death.**

Palliative care should not start when someone is close to dying. Palliative care should be done alongside treatments to control the illness. Many people would benefit from palliative care long before they are in the terminal phase. Palliative care should begin when someone is diagnosed with a life-limiting illness and extends after death has occurred in providing support to families in bereavement and taking care of the body.

### **Palliative care is just for people dying with cancer.**

Palliative care isn't just for people dying with cancer. Palliative care is appropriate for many different illnesses, not only cancer. All people living with a life-limiting illness can benefit from palliative care.

### **Telling residents they are dying takes away all their hopes.**

Telling residents that they are dying does not take away all their hopes. Research shows that honesty, realism and an individualized care plan can actually instill hope in people who are dying. Palliative care affirms life, sees dying as a normal process and focuses on improving quality of life.

### **Receiving palliative care means you will die sooner.**

Receiving palliative care does not mean you will die sooner. Starting palliative care early means you will have more months of better quality of life. Palliative care improves quality of life, reduces depression and anxiety and may even prolong life.

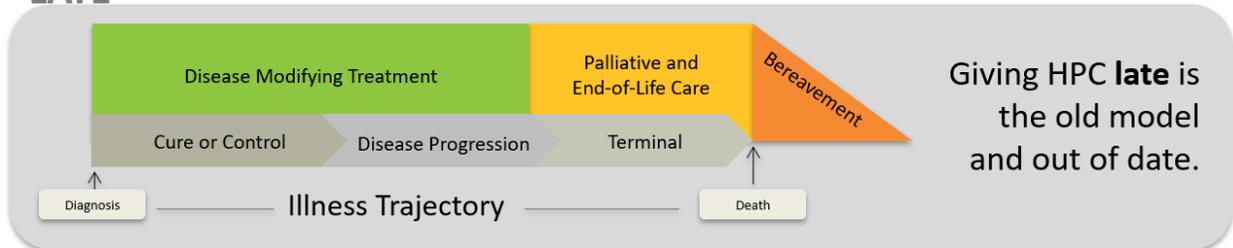
### **Palliative care is provided by specialist palliative care teams.**

All health professionals who care for someone with a life-threatening and life-limiting illness should know the essentials of good palliative care. We cannot only rely on a specialist palliative care team to provide palliative care. Palliative care is the responsibility of all healthcare professionals working in a long-term care home.

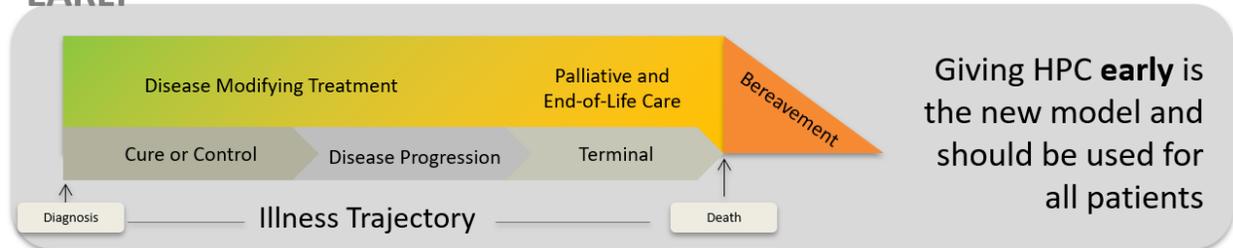
## Bottom Line: Starting Palliative Care Early is better than Late

Giving palliative care late is the old model and is out of date. Giving palliative care early is the new model and should be used for all residents.

### LATE



### EARLY



## Palliative Care Isn't Just about Treatment of Pain

Palliative care aims to address:

- Physical expectations and needs (pain and other symptoms, function, level of consciousness, nutrition, habits, etc.)
- Psychological expectations and needs (emotions, fears, dignity, independence, self-image, anxiety and depression, motivation, etc.)
- Social expectations and needs (culture values, beliefs and practices, isolation, privacy, intimacy, routines, financial resources, etc.)
- Spiritual expectations and needs (meaning and value, spiritual advisors, rites and rituals, symbols and icons, etc.)
- Practical expectations and needs (transportation, telephone access, dependents, pets, activities of daily living, etc.)
- Loss, grief and bereavement
- Preparation for, and management of self-determined life closure and dying process (gift giving, legacy creation, rites and rituals, funerals, celebrations, handling of the body, etc.)

## Learn More

The **Communication at End-of-Life (CEoL)** program offers bilingual education materials that provide LTC educators with tools for teaching palliative and end-of-life communication skills to team members by combining didactic, peer-to-peer, and scenario-based learning. A variety of resources have been created surrounding communication at end-of-life, including Facilitators Guide, PowerPoint Modules, webinar, an article from AdvantAge Ontario's Action Update, information packages, and an FAQ. See below for links to these items.

The CEoL training program was developed in partnership between the Ontario CLRI at Bruyère and Algonquin College.

Learn more at [clri-ltc.ca/ceol](http://clri-ltc.ca/ceol)

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