

FALLACIES AND MISCONCEPTIONS ABOUT PALLIATIVE CARE

Part 2

The World Health Organization defines palliative care as “prevention and relief of suffering in adults or pediatric patients and their families facing the problems associated with life-threatening illness.” Palliative care is well defined in major medical books including the yearly “Conn’s Current Therapy” and “Clinical Diagnosis and Treatment.”

MISCONCEPTIONS

There are many misconceptions about palliative care. Shown here are some of many more common misconceptions and fallacies:

1. Must be at “end-of-life”- NO!
Incurable disease may occur at any age.
2. Must be in a “hospice” -NO!
3. Must be on Medicare- NO!
4. Must be in a nursing home, or assisted living, or hospital -NO!
5. Must have cancer- NO!
Palliative care applies to any incurable disease.
6. Must enroll in a special program with a “Palliative Care Organization” -NO!
7. Must be in a program called “palliative.”-NO!
8. Must go to a doctor who specializes in palliative care- NO!
9. Palliative care requires the patient to have a permit or certificate- NO!

KEY POINT: Even though there are some physicians and programs who claim to specialize in palliative care, any MD or DO can declare a patient to be “Palliative” and provide the necessary medication for relief of pain and other symptoms. Both major yearly reference books for physicians give excellent guidance on the definition and administration of palliative care.

SPECIAL NOTE:

Pain is not a disease. It is a symptom. Palliative care is for any incurable disease that may also be considered as life-threatening or life-shortening. You may, however, have to be declared to be in “palliative care,” and have it stated in your medical record so you can obtain the medications and dosages to adequately relieve your pain. For example, Federal Guidelines state you need to be in palliative care to receive opioids over about 90 milligrams of morphine equivalence (MME). If you have not been declared to be in palliative care, and it isn’t in your medical record, your opioid dosage may be reduced.

REFERENCES: Kellerman RD, Rakel DP. Palliative Care. *Conn's Current Therapy 2020*. Philadelphia, PA: Elsevier 2020:43-49.
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