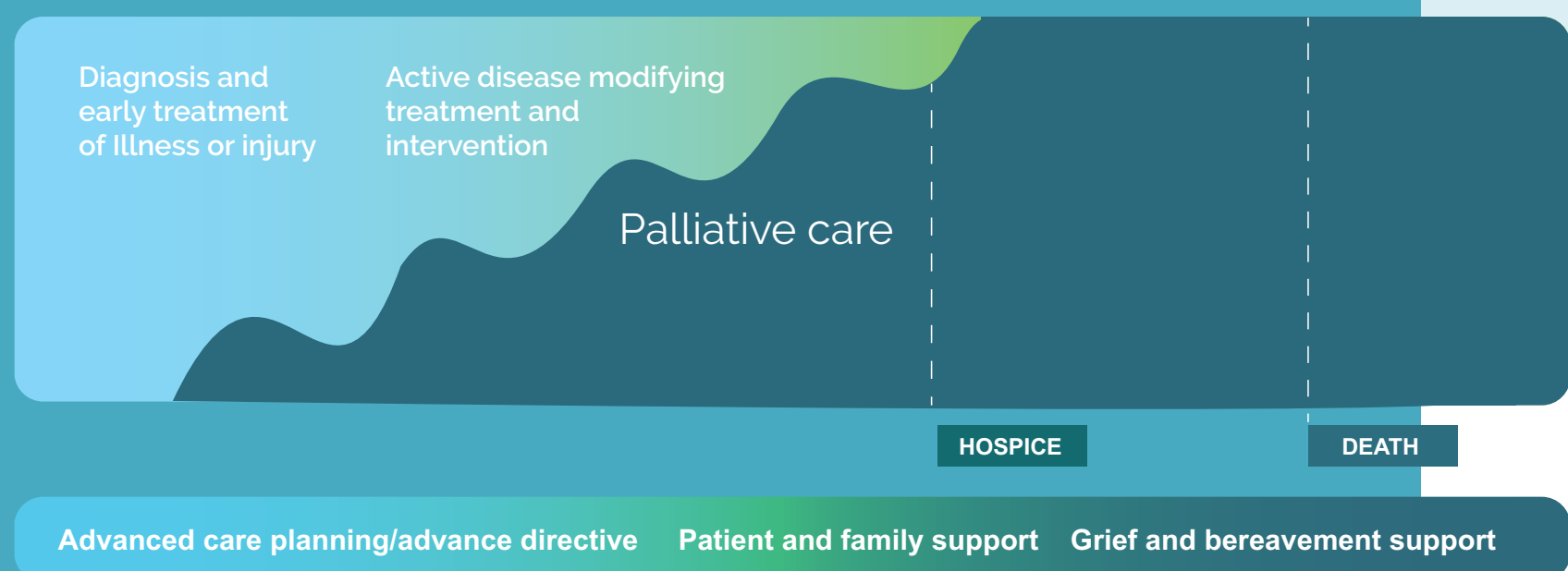


Five palliative care myths debunked

Studies have shown that palliative care can improve individuals' quality of life, reduce ICU admissions, and improve the affordability of care—provided individuals are referred as early as possible. So what's preventing that? Often, misconceptions about palliative care. In our infographic below, we debunk five common myths about palliative care that can impede individuals' access to it.

MYTH #1: Palliative care and hospice are the same



THE FACTS:

Palliative care and hospice are distinct phases on the care continuum

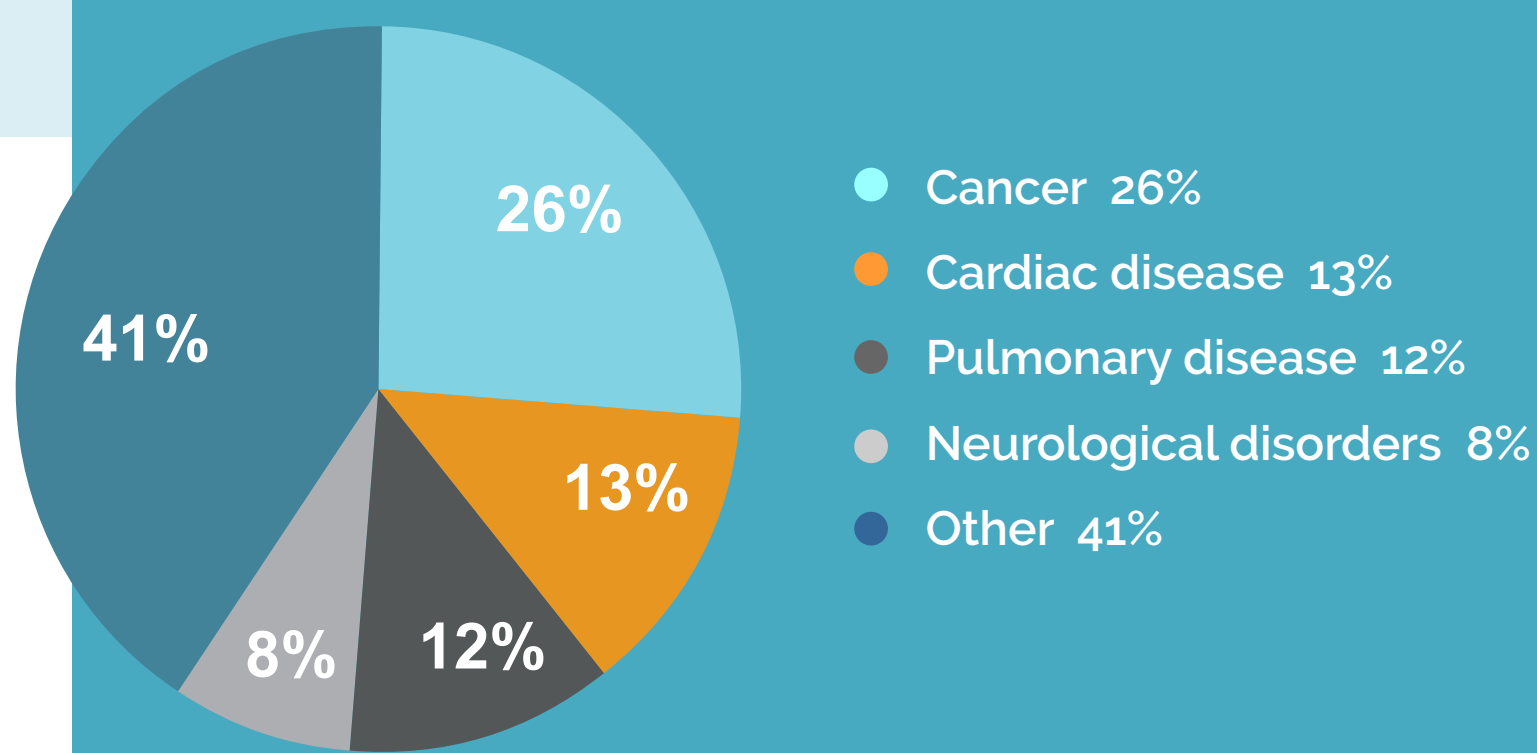
Despite many similarities, palliative care and hospice play unique roles in the continuum of care for an individual with advanced illness. Palliative care is best suited for individuals with advanced illness who are receiving curative or life-prolonging treatment; hospice is best for those no longer receiving it.¹

MYTH #2: Palliative care is only for individuals with certain diseases, especially cancer

THE FACTS:

Palliative care relieves symptoms from a spectrum of diseases and conditions

Many people with cancer receive palliative care. But it's not the majority. Three-fourths of people receiving palliative care have other diseases or conditions, such as cardiac disease, pulmonary disease, and neurological disorders.²



MYTH #3: A hospital is the only setting where an individual can receive palliative care



THE FACTS:

Individuals can receive palliative care wherever they call home

Though more than 75% of hospitals with 50-plus beds offer palliative care³, many individuals can receive care wherever they call home—whether it's their house or a skilled nursing facility. This "mobile" palliative care is called community-based palliative care.

MYTH #4: Palliative care addresses only individuals' physical discomfort

THE FACTS:

Palliative care can address physical, behavioral, and social needs

Palliative care teams are staffed to address physical, psychosocial, emotional, and spiritual needs of individuals, as well as their families. For example, some palliative care providers, like Aspire Health, deploy multidisciplinary care teams with a chaplain and a social worker.



MYTH #5: The palliative care team replaces the individual's primary provider



THE FACTS:

The palliative care team partners with the primary provider

The ideal palliative care is delivered as a partnership with the individual's primary provider. While the primary provider leads the care for the individual's illness, the palliative care team manages symptoms and adverse effects from treatment, coordinates care, and facilitates advance care planning.

Better care for patients with advanced cancer

Working in concert with Aspire Health, the AIM Medical Oncology Solution is changing advanced cancer care management—from the earliest point possible.

Learn why that's more important than ever for your members in the complimentary print edition of our palliative care infographic collection.

LEARN MORE



1. World Health Organization. Cancer pain relief and palliative care. 1990. <https://apps.who.int/medicinedocs/documents/s22087en/s22087en.pdf>
2. Rogers M, Dumanovsky T. How We Work: Trends and Insights in Hospital Palliative Care. The Center to Advance Palliative Care and the National Palliative Care Research Center. February 2017.
3. Center to Advance Palliative Care. The Case for Hospital Palliative Care. 2018.