



Palliative care

All about living well

Palliative care aims to treat symptoms and maximize quality of life in the presence of incurable illnesses.

Life may continue for many months or even years when illness is unlikely to be cured and is expected to progress. During this time measures to control the disease, treat symptoms, and maximize quality of life, are called palliative care.

The word *palliate* means relieve. Palliative care accepts death as a natural part of life. It seeks neither to hasten death nor to prolong the dying process but to improve the quality of one's journey toward expected death. Good palliative care involves close cooperation and communication between physicians including your family doctor, your urologist, your medical or radiation oncologist, and, when needed, a palliative care specialist. Together with nurses, pharmacists, nutritionists, social workers, clergy and others, they will try to meet your particular needs. Palliative care is all about living well.

Palliative care is often introduced at the same time as treatments continue to control the disease or even when they offer a chance of cure. It addresses physical symptoms as well as emotional, spiritual, and family concerns. Seeking good palliative care of any symptoms that are troublesome is not "giving in" or "giving up", it is striving for the best quality of life achievable.

When illness progresses, it can be frightening. Fear can lead to feelings of denial, anger and depression. It may also interfere with your understanding of your condition, reporting any symptoms, and getting the care that you need. This should not happen to you.

Myths about pain

Myth: Most cancer patients die with terrible pain.

Truth: Cancer pain can be prevented and treated in most with the use of various effective treatments.

Myth: Morphine is used when death is near. It is addictive, makes you drowsy and confused, and makes you die sooner.

Truth: Morphine and similar drugs called opioids are usually highly effective with few side effects. They can be taken for months or years, and, when prescribed appropriately, they are not addictive. Their regular use can prevent pain, rather than having to respond to it. Good pain control prolongs life and promotes quality of living.

Myth: If I take morphine now, it won't work when my pain gets really bad.

Truth: Prolonged, poorly controlled pain makes good pain control more difficult to achieve later. Many other drugs can be used alone or in combination with morphine to reduce side effects, improve pain relief and reduce the need for morphine.

Managing other cancer symptoms

Effective treatment is available to treat most cancer symptoms including bowel or bladder problems, poor appetite, sleeping difficulty, anxiety and others. Discuss your symptoms with your doctor.

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When death is near

Many people prefer to be cared for in their own homes even when their disease is advanced and death is near. Home care support and palliative care services may help to make this possible.

In some situations, a person's needs cannot be met at home.

Hospices and palliative care units have been established as sanctuaries sensitive to the specific needs of individuals nearing the end of life. These are facilities, often outside of the hospital setting, in which professional help is available to provide continuous care. The emphasis is on pain and symptom management and providing support of the patient and family. It is about living as well as possible. Patients may be admitted temporarily for symptom control, or to stay, if necessary. The cost of most of these services is covered by your provincial Medicare plan.

What you can do

1. Be an active participant in your care. Ask questions. Learn about your cancer. Being well informed helps relieve fear, gives you control, and helps you seek out what is best for you.
2. Don't isolate yourself. Don't withdraw from people who care about you. Your needs are not just medical, but are emotional, spiritual, social and financial. Reach out for help. Talk to those who can help you.
3. Have high expectations for your care. If you have a troublesome symptom, tell your doctor. Most symptoms can be controlled. Symptoms like pain, nausea, constipation, bladder problems, sleeplessness, anxiety, itch, and others are treatable.
4. Ask about non-drug therapies that might help, like: relaxation or meditation, imagery, music therapy, massage therapy, distraction, heat, cold or vibration therapy, acupuncture, TENS (transcutaneous electric nerve stimulation).

Even when cure is unlikely, much can be done to help you live well as long as you live. Be informed, ask questions, seek the help you need. Have high expectations for your care and your care team will do their best to meet them.

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