

Palliative care

Comfort and support services



This fact sheet answers some of the most frequently asked questions about palliative care. It can help you better understand its value and clear up certain misconceptions.

What is palliative care?

It is care provided to people with life-limiting illnesses, with the goal of **improving their quality of life** and that of their loved ones.

In the past, palliative care was used only at the end of life.

Today, it is used much earlier in the course of the illness, sometimes even as soon as the diagnosis is made. The many benefits of this approach have been demonstrated. Palliative care is adjusted as the illness evolves and is tailored to the patient's needs.



Can I receive palliative care at the same time as my treatments?

Absolutely. Palliative care is often provided at the same time as other care.

It can help you:

- manage the symptoms of an illness
- relieve the side effects of the treatments you're receiving
- adapt to your health condition

Where can this care be provided?

At the CHUM

In all in-patient care units, in out-patient clinics, or in the Palliative Care Unit.

Outside the CHUM

- At home, with support from the CLSC and from certain associations or foundations
- In another hospital
- In long-term care facilities (CHSLD)
- In palliative care hospices

If a transfer is needed from the CHUM to another care setting, the team will make the necessary arrangements.



Who provides palliative care?

It is provided by a team made up of different professionals. This ensures a full range of support.

The team composition can vary from one setting to another. At the CHUM, it includes:

- doctors
- nurses
- orderlies
- social workers
- psychologists
- spiritual care providers
- massage therapists
- volunteers

Other professionals may be consulted as needed, such as: ethics consultant, pharmacist, nutritionist, occupational therapist, physiotherapist, or respiratory therapist.

How does someone gain access to palliative care?

Generally, it starts with a conversation between the patient, their loved ones (if wanted), and the care team about the best options for treatment.

If it appears that palliative care could be beneficial, the doctor will request an initial consultation. An appointment will be made for a member of the palliative care team to assess the needs.

How will palliative care be adapted to my needs?

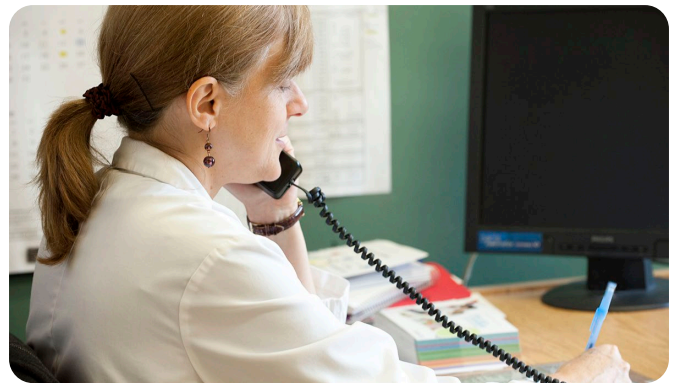
The care varies from one person to another, as it is tailored to each situation and each individual.

The palliative care team will ask you about what matters to you the most in your daily life, your values, and your wishes regarding care.

A professional from the palliative care team will take on the role of:

- determining what care, services, and follow-up you require
- regularly assessing your concerns, needs, and expectations
- tailoring your care accordingly
- supporting you in your journey throughout your illness
- supporting your loved ones

This professional will be your main resource person. They will coordinate your care and liaise with the different members of the team.



There are many types of palliative care and services. It would be difficult to list them all. Some are intended to relieve physical symptoms (e.g. medications for pain or shortness of breath), others are focused on psychological or spiritual well-being. Others, in the case of people being cared for at home, for example, are aimed at ensuring that the environment is organized in a safe way and that the caregiver receives all the support required.

Many people are afraid of pain medications, such as morphine. If you have any fears, talk with your care team. There are many myths or mistaken beliefs on this topic.



Palliative care values

- Recognition of each person's unique character and dignity.
- Respect for each person's culture, beliefs, and religious practices.
- Compassion, that is, sensitivity to the suffering of others, along with a desire to help.
- The participation of the person and their loved ones in all decisions affecting them, in ways that respect their rights, values, preferences, and personal journey.
- Consideration of the person as a whole, with their physical, social, psychological, and spiritual dimensions.
- Recognition of the benefits of complementary approaches (massage therapy, music therapy, art therapy, etc.) to well-being.
- Recognition of the value of life and the acceptance of dying as a stage in life.

Who can I contact if I have questions?

Don't hesitate to contact your palliative care resource person or your doctor about any questions you may have.



USEFUL RESOURCES

Association québécoise de soins palliatifs:
To learn more about palliative care, the Association's website provides suggested readings, videos, and news. There is also a list of palliative care hospices by region.
(In French)
> **514 826-9400**
> **aqsp.org**

Canadian Virtual Hospice:
The *Support* section provides many useful resources for patients and their loved ones.
> **virtualhospice.ca**

Law concerning end of life care:
To find out more about Québec law regarding palliative care, visit the Government of Québec website.
> **quebec.ca/en**
In the search field, type "palliative care".

The Conversation Project:
An organization born of a grassroots initiative, whose aim is to help people at the end of life to reflect on their wishes. Several practical tools are available for free in the *Get Started* section.
> **theconversationproject.org**

To find out more about spiritual support services available at the CHUM, see the fact sheet on [Spiritual care](#).

Other health sheets published by the CHUM are available. Ask for those that might fit your situation.



You can also find them on our website
chumontreal.qc.ca/fiches-sante

The content of this document in no way replaces the recommendations and diagnoses made, or the treatment suggested by your health professional.

To find out more about the Centre hospitalier de l'Université de Montréal
chumontreal.qc.ca

