
So what is Hospice/Palliative Care?

Palliative Care is about looking after people with illnesses that cannot be cured, relieving their suffering and supporting them through difficult times.

Why do we need Palliative Care?

To help people suffering from:

- Cancer
- HIV/AIDS
- Progressive neurological illnesses
- Severe kidney or heart failure
- End-stage lung disease
- Other life-limiting illnesses

What is different about Palliative Care?

The holistic approach to problems associated with the illness:

- Physical suffering (pain, nausea, etc.)
- Psychological suffering (fear, loneliness, etc.)
- Social suffering (poverty, etc.)
- Spiritual suffering

- ⇒ **Palliative Care is about living as well as dying.**
 - ⇒ **Palliative Care works alongside and within other programmes.**
 - ⇒ **Palliative Care never says “there is nothing we can do”.**
 - ⇒ **Palliative Care treats the patient, not the illness.**
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About HospiceWits

HospiceWits provides Palliative Care and support to the individuals within the greater Johannesburg district, this includes, North, South and Soweto.

We have a multi-disciplinary/holistic approach to Palliative Care. We love and care for individuals diagnosed with terminal illness, including pain management and symptom control, psychological, emotional and spiritual counselling and extend our support to the family of our patients.

We are compassionate, sympathetic and supportive - There is no end to our caring.

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Make every moment matter

Common Myths about Hospice and Palliative Care



Hospice Wits
no end to caring



Myth 1 – Hospice is only for people with cancer

More than one-fifth of all Hospice patients have a diagnosis other than cancer. Hospice also serves patients and their families who are coping with end-stages of chronic diseases, like emphysema, Alzheimer's, HIV/AIDS and neuromuscular diseases.

Myth 2 – Hospice care is expensive

Hospice services are covered by most medical aids. However, should medical aid funds not be available, or if patients are not on medical aid, Hospice continues to provide its services irrespective of ability to pay.

Myth 3 – Hospice is only for dying people

As a family-centred concept of care, Hospice focuses as much on the grieving family as on the dying patient. We offer individual and family counselling following the death of the patient. Hospice also offers grief services to the community at large – serving schools, places of worship and the workplace.

Myth 4 – Hospice can only help when family members are available to provide care

Hospice recognises that terminally ill patients may live alone, or with family members who are unable to provide care. Therefore, Hospice will make every effort to co-ordinate with community resources to make home care possible. Or we will try to assist in finding an alternative location where the patient can receive care.

Myth 5 – Hospice is for people who don't need a high level of care

Hospice employs experienced, qualified, medical and nursing personnel with skills in symptom control. Hospice offers quality palliative care, using advanced technologies to prevent or alleviate distressing symptoms.

Myth 6 – Hospice is for people who can accept death

While those affected by terminal illness may struggle to come to terms with death, Hospice will gently help them to find their way at their own speed. We welcome inquiries from families who are unsure about their needs and preferences. Hospice staff are readily available to discuss all options and to facilitate family decisions.

Myth 7 – Hospice patients require a 'do not resuscitate' status prior to admission

Hospice acknowledges and respects the end-of-life choices of its patients and their families. Therefore, we do not require a 'do not resuscitate' status for admission. However, patients and their caregivers who want information and counselling regarding end-of-life issues, are provided with this.

Myth 8 – Hospice patients must have a prognosis of no longer than six months

Once an individual becomes a Hospice patient, he or she continues to receive services for as long as these are required. Services are not discontinued unless they are no longer necessary or the patient chooses to have them discontinued.

Myth 9 – Hospice is for when there is no hope

When death is in sight, there are two options: submit without hope, or live life as fully as possible until the end comes. The gift of Hospice is its capacity to help families see how much can be shared during the end of life phase through personal and spiritual connections, sometimes neglected. It is no wonder that so many family members can look back upon their Hospice experience with gratitude and with the knowledge that everything possible was done toward a peaceful death.

Myth 10 – Hospice patients are not permitted to be hospitalised

Hospice patients are often admitted to Hospice from hospital and sometimes vice versa. Hospice works together with oncologists, surgeons and other specialists and organisations, as part of a multi-disciplinary team.

Myth 11 – Hospice believes in euthanasia

Hospice does not believe in, or practice euthanasia. Requests for euthanasia are rarely sustained after control of pain and symptoms and once attention is given to the emotional and social needs of a patient. Euthanasia is a cry for help. Hospice responds by addressing the needs underlying the request for euthanasia.

Myth 12 – All Hospice patients are put on morphine

Hospice follows WHO guidelines for pain management. Morphine is only appropriate for severe pain that has not responded to weaker drugs. At Hospice, many patients use other drugs effectively and do not always need morphine. Low doses of morphine are sometimes used to treat other symptoms such as breathlessness and diarrhoea.
