

H1: Mesothelioma Cancer Palliative Care Myths & Misconceptions

Title Tag: Palliative Care Misconceptions | 10 Myths & Facts

Meta Description: Palliative care is often misunderstood but can offer many benefits for mesothelioma patients. Learn about the facts behind common palliative care myths.

[Palliative care](#) focuses on improving patient comfort by treating [mesothelioma symptoms](#), including pain. [Doctors](#) may use palliative methods alone or combine them with therapeutic (curative) methods. Some [mesothelioma treatments](#) can also be administered in both therapeutic and palliative ways. This wide range of uses has contributed to some palliative care misconceptions.

In general, many myths and misconceptions are associated with palliative care. As a result, patients and their loved ones may hesitate to choose this type of care. But palliative treatments offer many valuable benefits, like improved quality of life and mood. What other facts should patients know about palliative care?

H2: The Truth About 10 Common Palliative Care Myths

Palliative care is a medical approach that helps patients find greater comfort and quality of life. Patients may access these improvements throughout all stages of a mesothelioma diagnosis. Despite this, there are many harmful myths about palliative care.

Because of these myths, [mesothelioma patients](#) may avoid palliative care. But this means missing out on many potential benefits. Knowing palliative care facts can help patients make educated choices about their treatments.

H3: 10 Myths About Palliative Care

1. **Myth: Doctors only use certain treatments, like chemotherapy, in therapeutic treatment plans.**

Fact: Some treatments may be used both palliatively and therapeutically. For example, [intracavitary chemotherapy](#) can be used therapeutically to kill cancer cells. But some doctors use it palliatively to control [fluid accumulation](#) in [peritoneal mesothelioma](#). This helps relieve discomfort from tummy swelling caused by mesothelioma and other cancers.

2. **Myth: Palliative care and hospice are the same type of care.**

Fact: Although they are both comfort-focused, palliative care is different from hospice care. Palliative care can be helpful at every phase of a [mesothelioma diagnosis](#). Hospice care is a [late-stage](#) option for when curative treatments are no longer being used. Palliative care may also be a part of hospice care.

3. **Myth: Palliative care is only for people nearing the end of their lives.**

Fact: Palliative care can benefit patients with any [stage of mesothelioma](#). In fact, some research has looked at patients who received early palliative care. They had longer [survival](#) despite receiving less aggressive end-of-life care.

4. **Myth: Palliative care makes death happen sooner.**

Fact: Death does not happen more quickly with palliative care. Some research even points to improved survival from palliative care. If death is approaching, palliative care may help improve comfort until then.

5. **Myth: Palliative care means the patient's doctor has given up and there is no hope.**

Fact: Doctors use palliative care in many different types of cases. Sometimes palliative care works alongside therapeutic methods. Other times, palliation may give a patient the best life possible, even if only for a short time. But in all cases, doctors hope palliative care will help patients in important, non-curative ways.

6. **Myth: Pain is a part of dying.**

Fact: Dying from cancer without palliative care may be painful. But with palliative medicine, a lot of pain can be eased. In [end-stage care](#), doctors can adjust palliative methods to continue keeping patients comfortable. With the right care, pain does not have to be part of dying.

7. **Myth: Palliative care is only used to treat pain and they will just give me morphine.**

Fact: Treating pain is just one of palliative care's many purposes. To treat pain, doctors typically follow drug protocols involving various medications. Morphine may be given to some patients if needed. Many other methods can be used to treat discomfort or symptoms. For example, oral steroids may help patients with low appetite. Other drugs may help control [anxiety and other signs of emotional pain](#).

8. **Myth: Taking pain medications in palliative care leads to addiction.**

Fact: Patients nearing the end of life need not worry about addiction. Providers do not consider pain medication in this phase of cancer addictive. It is a tool for ensuring the patient is as comfortable as possible.

For patients in other phases of cancer, addiction is an understandable concern. But the risk of addiction is minimal if drugs are prescribed properly, under doctor supervision. Some patients may still worry about this risk. They can discuss addiction with their care teams and take precautions. Doctors can adjust treatment if any signs of addiction begin.

9. **Myth: Palliative care is only provided in a hospital.**

Fact: Patients may receive palliative treatments in many places. Some medical treatments and procedures, like [pleurectomy](#) and [chemotherapy](#), may require hospital visits. But others can be provided in-home or at long-term care facilities and hospices.

10. **Myth: Palliative care sounds like it would be expensive for me.**

Fact: Healthcare coverage for palliative care varies by patients' insurance providers. Some patients may not have health insurance or may be unsure about their coverage. If so, they can speak with a social worker or their hospital's financial counselor. Mesothelioma patients may also file for [financial compensation](#) to help cover these [costs](#).

Patients and their doctors can discuss all recommended treatment options. These may include palliative treatment methods. Doctors can explain each treatment's purpose and the expected outcome. Patients can ask questions at any point in their diagnosis and treatment process. As time goes on, palliative care can be adjusted based on patients' needs.

Sources

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