

## For more information...

...on what you can do to prepare  
<http://www.dyingmatters.org/site/why-talk-about-it/planning-dying-well>

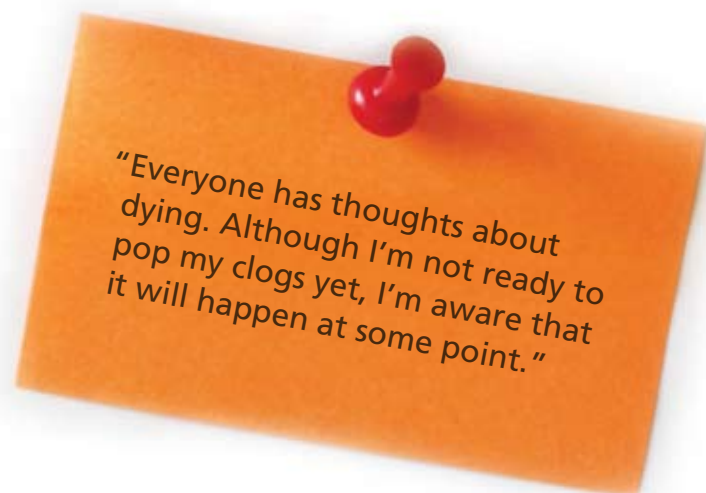
...on planning your care towards end of life  
[www.dyingmatters.org/site/need-support/legal-and-ethical](http://www.dyingmatters.org/site/need-support/legal-and-ethical)

...on having conversations about dying  
[www.dyingmatters.org/site/why-talk-about-it/talking-about-dying](http://www.dyingmatters.org/site/why-talk-about-it/talking-about-dying)

...about hospices  
[www.helpthehospices.org.uk/about-hospice-care/](http://www.helpthehospices.org.uk/about-hospice-care/)

or call freephone

08000 21 44 66



# Don't talk to me about dying...

"I know that it's painful. I know that hospices are places you go to die. And I know that talking about it won't do anyone any good. That's all I need to know."

Ever considered that you might be wrong?

To find out more about Dying Matters, visit:  
[www.dyingmatters.org](http://www.dyingmatters.org)

Dying Matters

Let's talk about it

To find out how to get more help visit:

[www.dyingmatters.org](http://www.dyingmatters.org)

or call freephone

08000 21 44 66

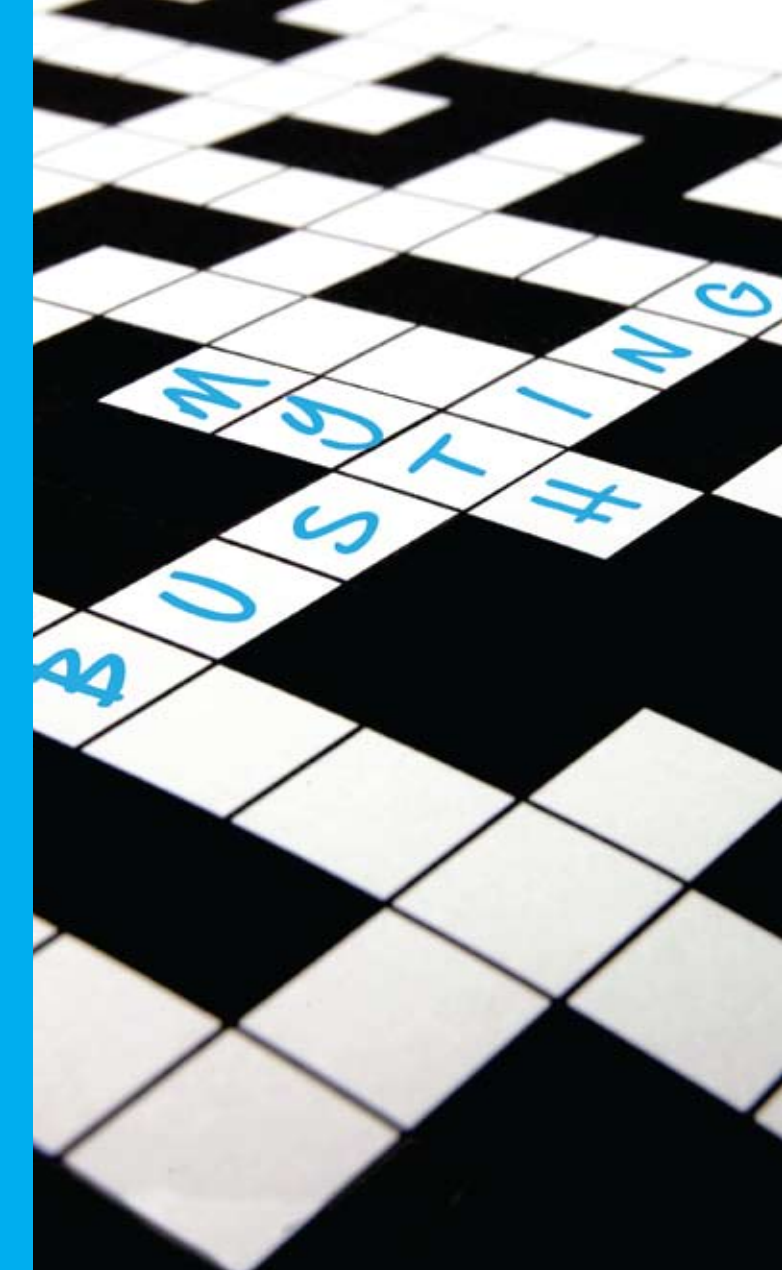
This is number ten in a series of leaflets focusing on dying, death and bereavement produced by Dying Matters, a broad-based national coalition which aims to support changing knowledge, attitudes and behaviours towards dying, death and bereavement and through this to make 'living and dying well' the norm.

THE NATIONAL COUNCIL FOR PALLIATIVE CARE

The Dying Matters Coalition is led by the National Council for Palliative Care, the umbrella charity for palliative, end of life and hospice care in England, Wales & Northern Ireland.

[www.ncpc.org.uk](http://www.ncpc.org.uk)

Registered Charity no.1005671



#10

Getting the facts right about death and dying

Dying Matters

Let's talk about it

From our childhood, we absorb images and ideas about dying. Some of them are wrong but, because we don't talk about dying much, our misconceptions grow. The trouble is that these myths can get in the way of us planning properly for how we would like to live at the end of our lives. This, in turn, can cause distress for us and our loved ones.

So here are five myths about dying that can be knocked on the head straight away.

## Myth 1

### There's no point in thinking about dying

It's easy to be superstitious: to believe that the more we think about death, the closer it gets. It doesn't, of course. And if we do think about the end of life a little bit and plan – by making a will, by deciding what kind of care we'd like, or by making clear our wishes and doing practical things to help loved ones left behind – it can make the last days easier and help to reduce feelings of regret. People who have talked about, and planned for, the end of their life generally find they can get on with life more happily, and so can those who care for and support them.

## Myth 2

### It's inevitable that most of us will die in hospital

It's certainly true that currently in the UK more people die in hospital than elsewhere – but it isn't inevitable. Increasing numbers of people are getting the support they need to be able to die at home. And some will die in hospices, in their care homes or supported housing. Planning ahead, talking to your health or social care team and writing down your wishes make it more likely that you will die where you want to.

And don't think that hospices are just places where people go to die either – they provide care and support to people who cannot be cured of all types of illness, sometimes over long periods, as well as outreach work in homes and community settings.

## Myth 3


### It's better to keep loved ones in the dark to protect their feelings

Being honest about illness or dying with those you love can be hard. You don't want to upset them, or create such emotional upheaval that everything seems to be falling apart. You might fear you won't be able to put things together again. That is a possibility, but it's unlikely if you talk honestly and openly, and listen to each other. Facing illness together can bring people closer, take away unanswered questions, and make the situation easier to cope with. There is advice on how to have these conversations in other Dying Matters leaflets.

## Myth 4

### Death is generally very quick or very painful

Death on television or in films is often quick, violent or romantic – sometimes all three. People who have witnessed someone dying know that the media images are almost invariably wrong. Everyone's death is different, but often the dying process is gradual, indefinite, and is linked to life in unexpected – and occasionally uplifting – ways. If people receive good care, there is no need for them to be in pain – doctors and nurses now have many different types of medications to control pain. Sometimes, they use morphine and related drugs. Although these drugs are often used to control severe pain towards end of life, being prescribed them doesn't mean you are dying.

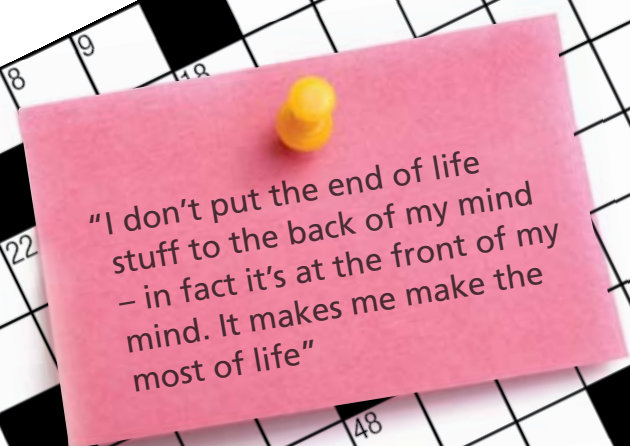


"I'd like a bit more time but I know there are no guarantees for anyone. I'm not frightened."

## Myth 5

### I'll be vulnerable and powerless towards the end of my life

It's true that as people become increasingly ill they are unable to control what happens to them on a minute-by-minute basis. But many people effectively remain in control because they have prepared for a time when decision-making won't be easy – leaving instructions on how and where they would like to be cared for, when they would like treatment to stop, who they would like to make decisions for them. You can find more information on this in Dying Matters Leaflet 9: Putting your house in order.



"I don't put the end of life stuff to the back of my mind – in fact it's at the front of my mind. It makes me make the most of life"

