



**Mid North Coast Rural Palliative Care Project –
Care Assistant Palliative Approach Course 2005**

Orientation to a Palliative Approach

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Learning Outcome

- Demonstrate a knowledge of the principles and philosophies of a palliative approach in residential aged care.
- Identifies the role and needs of the aged care team when implementing a palliative approach

What is Palliative Care?

- Definition World Health Organization (WHO) 2002
- *An approach that improves the quality of life of **individuals and their families** facing the problem associated with life-threatening illness, through the **prevention and relief of suffering** by means of **early identification** and **impeccable assessment** and treatment of pain and other problems , physical, psychological and spiritual.*

Importance of WHO definition

- Any life threatening illness;
- Clear inclusion of families;
- “Prevention” - not just simply reacting to crises or symptoms but having a preventative role;
- “Early identification“ (v’s the deathbed consultation, and not just when all active therapy has ceased);
- Robust term "impeccable" - not just good, reasonable or excellent.

WHO also states Palliative Care

- Provides relief from pain and other distressing symptoms
- Affirms life and regards dying as a normal process;
- Intends neither to hasten or postpone death;
- Integrates the psychological and spiritual aspects of patient care

WHO

- Offers a support system to help patients live as actively as possible until death;
- Offers a support system to help the family cope during the patient's illness and in their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counseling, if needed;

WHO

- Will enhance quality of life and may also positively influence the course of illness and
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, includes those investigations needed to better understand and manage distressing clinical complications



Things to consider ?????

- Increased hospitalizations
- Terminal diagnosis without pursuit of life-prolonging interventions
- Marked physical or functional decline
- Decreased oral intake
- Progressive weight loss
- Increased proportion of time sleeping

More things to consider ???

- Increased pain – reported or exhibited
- Behaviour changes
- Disorientation or other cognitive changes
- Statements about approaching death “ I am dying”
- Social and/or emotional withdrawal
- Inward reflection, review of life

Recognising Transition Marker!



"Well, it's not a good sign, that's for sure ..."

Recognising Transition Markers

Disease - independent

- Frailty syndrome
- From independence to dependence
- Cognitive impairment
- Symptom distress
- Increasing family support needs

Transition Markers

Disease-specific markers

- Symptomatic congestive cardiac failure
- Chronic lung disease
- Dementia
- Stroke
- Cancer
- Recurrent infection
- Degenerative joint disease

Frailty Syndrome Defined

A state of extreme vulnerability to a range of poor outcomes

(Walton and Fried, 2003, p.93)

- Final common pathway for many end-stage & chronic diseases
- A biological process – age related, can be independent of other co-morbidities

Evidence of Frailty Syndrome

- ↑ Dependence on family & care-givers
- ↑ Burden of symptoms
- ↑ Medical/nursing and social needs
- Repeated falls and injuries
- Disability
- Susceptibility to acute illness
- Poor ability to recover stressors

What is a Palliative Approach?

- Implemented where residents' condition is not amenable to cure
- Effective symptom management is required including active management when appropriate
- Primary goal is to improve the residents' level of comfort and address psychological, spiritual and social needs

Palliative Approach

- Extending beyond routine care
- Incorporating specific knowledge, attitudes and skills
- Establish a supportive relationship with specialist palliative care providers
- Involving family and friends



Models of Palliative Care

- Palliative approach - primary
- Specialist - tertiary
- End-of-life - terminal

End-of-Life Care

- Dying trajectory
- Goal more focused on existential issues - meaning, affirmation of life, spiritual comfort
- Unfinished business - forgiveness -reconcile
- Family/friends needs for comfort and information
- Anticipatory grief

Summary of Priorities in Palliative Approach

- Quality of life
- Relief of suffering - Holistic approach
- Formal symptom assessment and treatment
- Recognise the transition markers
- Collaboration with client/family/friends for decision making
- Timely consultation with specialist



References

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