"A palliative approach is another stage of caring..."

Betty had recently admitted her husband John, who has Parkinson's disease and advanced dementia to residential aged care. Betty has managed all of John's care at home with support from their general practitioner, the community nurses and regular visits to the neurologist (medical specialist).

Over the past 12 months it had become progressively harder for Betty to manage John's care as he was no longer able to walk as well, had difficulty getting into the car and was getting more agitated, confused and distressed, particularly in unfamiliar surroundings.

Betty was anxious that John's care be maintained but was unsure how John would cope now going to see his medical specialist. Shortly after admission the aged care staff, John's GP and Betty all met to discuss John's care needs. At this meeting it was decided that the focus of care be on maintaining John's comfort and dignity. Given the distress that John experienced in different environments it was decided that the GP would manage John's Parkinson's symptoms and would seek expert advice from John's neurologist as required.

Betty was comfortable with this decision and described a palliative approach as "another stage of caring".

For further information or support

NSW Guardianship Tribunal
1800 463 928
www.gt.nsw.gov.au

Public Trustee NSW
02 9252 0523
www.pt.nsw.gov.au

Office of the Public Guardian
1800 451 510
www.lawlink.nsw.gov.au

Palliative Care NSW
02 9282 6436
www.palliativecarensw.org.au

Alzheimer's Australia Helpline
1800 100 500
www.alzheimers.org.au

Commonwealth Carelink Centre
1800 052 222
www.commcarelink.health.gov.au

Acknowledgments

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A Palliative Approach






A Palliative Approach

Our residential aged care facility is committed to delivering a palliative approach. Adopting this approach enables care to be focused on improving each resident's quality of life and maintaining their dignity and comfort. This includes the early identification, assessment and treatment of pain and the effective management of other symptoms such as restlessness, agitation, confusion, nausea and shortness of breath. It also ensures that each resident's psychological, social and spiritual needs are met. A palliative approach also helps us to acknowledge the needs of the person and their family, and engage the relevant health care providers (doctors, nurses and allied health staff) in planning and delivering care. At times a palliative approach may include active treatment for a progressive life limiting illness even though a cure is not possible. It is care that can be initiated well before the terminal stages of illness.

The nurses and care assistants in our facility have the necessary education and training to deliver a palliative approach. We have a supportive relationship with the specialist palliative care and aged care teams. At times, we may ask these specialist providers to have input into our residents' care. It may also be comforting to know that if required, we are able to provide the best quality end-of-life care within the facility.

Decision Making

Keeping you informed of any changes in treatment and care is an important element of a palliative approach. At some stage you may be asked to make some decisions about the level and type of care provided. These decisions can sometimes be quite difficult to make as they may relate to determining:

- *Under what circumstances if at all, should transfer to hospital for treatment be considered?*
- *What type and level of medical treatment or care should be considered for the management of a major or recurrent infection, heart attack or a stroke?*
- *How we should manage the consequences of a fall or problems associated with difficulty swallowing food?*

As these are often complex decisions it can be helpful to start thinking about these questions and to discuss them with those closest to you. Discussing these issues with others helps ensure that they are aware of how you think your care should be managed in certain circumstances and at the end of life.

Advance Care Planning

Advance care planning is a process which offers you or your family member the opportunity to discuss the choices for care at the end of life. The discussions usually involve the resident, the family, the GP, nurses from the aged care facility and other relevant health care providers or support people. Having these discussions provides an opportunity to explore the important issues concerning the questions, fears and values you may have. As the issues are uncovered, the information can be written into a plan of action called an Advance Care Plan. Having an Advance Care Plan in place will help to ensure that all members of the care team are aware of your wishes regarding future medical treatment, particularly treatment at the end of life.

As part of your Advance Care Planning you may wish to complete an Advance Health Care Directive. This is a written document in which you state your wishes or directions regarding your health care if at some time in the future you cannot speak for yourself. A staff member in the facility or your General Practitioner may assist you to obtain and complete an Advance Health Care Directive.

Enduring Guardian

In addition to discussing your wishes with your family and health care providers you may wish to appoint an Enduring Guardian. An Enduring Guardian is a person over 18 years of age who you appoint to make decisions on your behalf about your health-care and other personal matters if you are no longer able to do so. The person needs to agree to the appointment, and they should be prepared to carry out your wishes as far as is possible. Most people appoint a close family member or friend as their Enduring Guardian and a staff member in the facility will be able to obtain an Appointment of Enduring Guardian form for you.