

WHAT IS PALLIATIVE CARE AND WHY IS IT IMPORTANT FOR OCCUPATIONAL THERAPISTS?

Palliative care provides a support system for people living with a life-limiting condition to live as actively as possible for as long as possible.¹ The World Health Organization defines palliative care as an approach to care that supports the physical, emotional, social and spiritual needs of a person with a life-limiting illness²—a definition adopted by the Australian Government National Palliative Care Strategy³ and Palliative Care Australia⁴.

Palliative care may be required either throughout the course of a condition or towards the end of life as the time course or trajectory of life-limiting conditions is highly variable. Similarly, the involvement of allied health professionals depends on individual needs.

As Occupational Therapists, we⁵ can facilitate progressive adaptation and coping with the challenges of change and deterioration⁶ across the disease trajectory.⁷ We can enable participation in valued activities through the optimisation of function and/or non-pharmacological symptom management (such as the relief of fatigue, breathlessness, or pain). It's important to remember the value of a team approach to support the person, along with their family and carers.

Consider the case of Jane who has advanced metastatic breast cancer. Following radiotherapy for spinal metastases, Jane developed back pain and leg weakness and has been told that she may not completely regain her mobility and strength. She is overwhelmed by the recent deterioration and acknowledges that her future is uncertain.

An OT member of Jane's care team has worked with Jane to increase her independence in showering and dressing. The OT has also helped Jane to explore ways for her to keep an active role as a

wife, a mother to young children, and an active member of the school community. Local community support has raised funds and the OT has arranged the hire and trial of a motorised wheelchair. This helps Jane to mobilise in the community with more ease and feel less fatigued.

The OT has also helped Jane address anxiety about managing everyday activities at home, identifying new priorities for her such as creating memory boxes for her children. This goal-directed care has helped Jane to continue to participate in the roles and activities that she values.⁸

Jane's story is an example of how allied health professionals (such as OTs) can contribute to the person-centred care and support of people living with a life-limiting condition.⁹

Life-limiting conditions¹⁰ can affect people of any age. Trajectories of these conditions vary from a rapid death to a slow progressive deterioration over many years. In the above Jane has cancer, a commonly recognised life-limiting condition, but there are others including many common chronic conditions such as dementia, cardiovascular disease, neurodegenerative diseases, and advanced stages of respiratory, kidney and liver disease. Palliative care supports people with a life-limiting condition as their capacity for normal functioning deteriorates and their quality of life and

that of their family and carers is affected. Jane's story illustrates how palliative care can help a person to remain in the place or community where they feel they belong, enhancing their quality of life¹¹ and dignity.¹²

A significant number of Australians live with multiple chronic conditions and as they approach their end of life they may also benefit from palliative care.¹³ Similarly, older people approaching their natural end of life (with or without chronic conditions) may also have palliative care needs. Although their conditions may not be life-limiting, their state of health may be such that they are likely to die in the foreseeable future. The role of allied health professionals in supporting older people is increasingly being recognised, and opportunities for the provision of services and innovative approaches to care are increasing as the Australian population ages.¹⁴

Deciding what is the best approach to providing palliative care and support will depend on the individual's situation. Keeping up with new treatments, evidence, and best practice allows us as a profession to optimise care for each person. Ongoing professional development and education¹⁵ provide us with the confidence and understanding required to work with people in whatever care setting as they approach the end of life.

To find out more about the role of occupational therapy in palliative care, you can read Occupational Therapy Australia's position statement online here: www.otaus.com.au/advocacy/position-statements.

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Susan trained as a physiotherapist in Adelaide and worked in regional Victoria, Canada and Hong Kong. Having worked on healthy ageing and active ageing projects for many years, she is now a researcher in palliative care. CareSearch and palliAGED are Commonwealth Government-funded online resources that pull together and consolidate evidence-based information and resources into accessible language and formats. CareSearch provides evidence-based palliative care information across the lifespan and across the health system, palliAGED provides that information for the aged care sector. Susan is currently leading the allied health component of the CareSearch and palliAGED Engagement Project (www.caresearch.com.au/EngagementProject).

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and palliative care. She has thirteen years clinical experience working in specialist inpatient palliative care. Deidre works as a researcher and lecturer at Flinders University, Australia, Discipline of Palliative and Supportive Care and is the inaugural chair of Australian Allied Health in Palliative Care (AAHPC). Deidre's research interests are around ways to optimise the performance capacity of people at the end of life and how to best support occupational priorities at this time. <https://www.flinders.edu.au/people/deidre.morgan>

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- 3 <http://www.health.gov.au/internet/main/publishing.nsf/Content/Palliative%20Care-1#pcs>
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- 15 <https://www.caresearch.com.au/caresearch/tabid/3882/Default.aspx>