



Supporting best practice palliative care

Dr Katrina Erny-
Albrecht

2022



CARESEARCH®
palliative care knowledge network

CareSearch is funded by the Australian Government Department of Health

caresearch.com.au



Today's aim:

Introduce CareSearch and palliAGED including what this means for your access to evidence and information in palliative care.

What is CareSearch / palliAGED?

CareSearch and palliAGED provide access to evidence and information you can trust about care at the end of life and palliative care.

Palliative care is person and family centred care that supports the physical, emotional, social, and spiritual needs of a person with a life-limiting illness.

CareSearch &
palliAGED –

from evidence
to informed
decision-
making



CareSearch



palliAGED



Why access to and synthesis of evidence is important in palliative care

- Increasing demand
- Increasing patient diversity ± complexity
- Slow growth of specialist services
- Errors in care
- Growing wave of research evidence



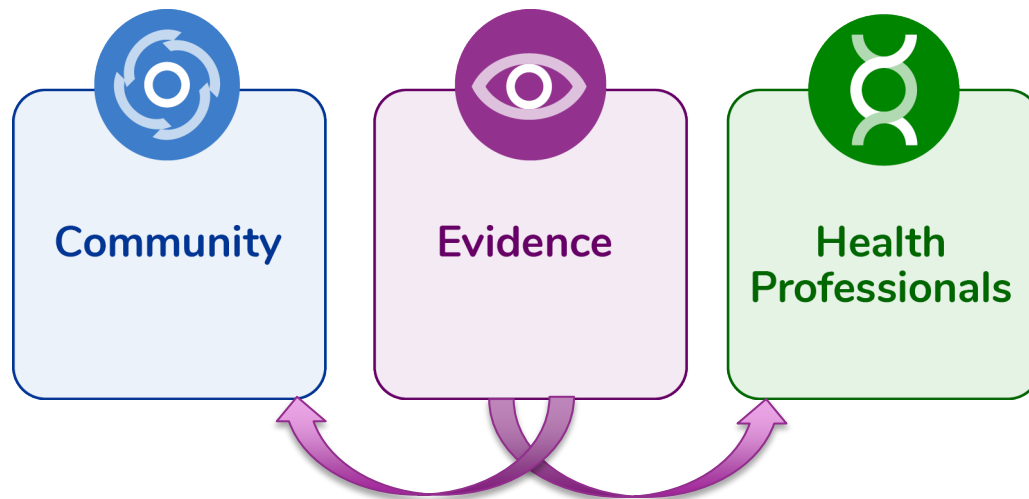
- Synthesis of research helps to translate care options and information into useful and relevant resources for practice
- Support for generalists to engage
- Support and empowerment for patients, carers, and families

Evidence-based information and resources help to inform decision-making and empower individuals

The evidence-based model

CareSearch
since 2008

palliAGED since
2017



Transparent & rigorous quality processes

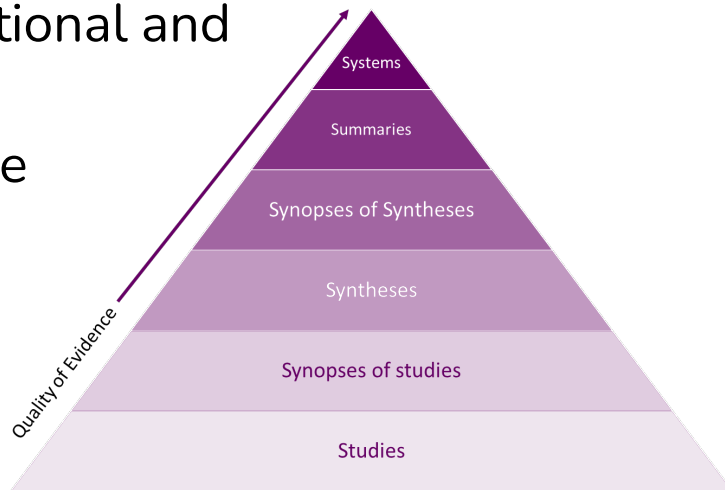
Ensure access to evidence and trustworthy
information for everyone

Access to evidence for health professionals



Practice ready
evidence –
pre-appraised
and current

- Guidelines – national and international
- Clinical evidence synopses



Ref: Dicenso A, et al Accessing pre-appraised evidence: fine-tuning the 5S model into a 6S model. Evid Based Nurs. 2009 Oct;12(4):99-101

Practice ready

Palliative care guidelines

Clinical evidence summaries



Victoria

- Syringe driver compatibility Guidance
- Anticipatory medicines, Safer Care Vi
- Care plan for the dying person, Safer
- Opioid conversion ratios, Safer Care \
- Palliative sedation therapy, Safer Car



Western Australia

Resources for guidelines



Western Australia

Northern Ireland

Choice of opioid

Several opioids are available in Australia, including morphine, codeine, oxycodone, sufentanil, methadone, and buprenorphine. Atypical centrally acting analgesics, t

There are no important differences between oral morphine, oral oxycodone, and efficiency and according to EAPC guidelines any of these can be used as the first different side effects and some may be useful in certain conditions or with certain properties. [9,10] The choice of opioid will depend on the available preparation, transdermal, sublingual and buccal forms and should also be dependent on the c and risks of each option. [11]

Few trials have been designed to allow direct comparison between different opioids, care is often based on research carried out in different cohorts and different clinical s opioid used in cancer pain, [12] and remains a commonly prescribed opioid in adult a

Health Professionals

Helping Patients and Families Plan for an Expected Home Death: The GP's Checklist

The GP has a critical role in end of life care for patients who wish to die at home. This checklist is designed to guide the GP through decision-making about care, to help them support the patient and family, and to identify the need for appropriate supports early. It flags issues which may need to be addressed ahead of time.

GPs managing patients dying at home usually share care with other services, including palliative care and home nursing. This checklist can act as a planning tool for shared care, and a trigger to help clarify how care will be organised between those involved.

Patient name/ID: _____ Date: _____

1. Clarify expectations and support

Has the patient indicated they want to die at home?

Actions needed: _____

Do those who live with the patient know about and share that wish?

- Has the plan been discussed within the family?
- Consider – young children, others with care needs in the household

Actions needed: _____

Are there enough people to share the care?

- Consider practical, hands-on availability for round the clock care. Suggest a roster to support carer and provide time out
- Consider specific services that can support families caring for someone who is dying at home, e.g. night nursing services or volunteers – the local palliative care service can advise.

Actions needed: _____

www.caresearch.com.au

PBS Item Code	Pharmaceutical benefit and form	Stre
3451P	Adrenaline (Epinephrine) injection	1 in
3455W	Clonazepam oral liquid	2.5
3466K	Furosemide (Frusemide) ampoule	20 n
3456X	Haloperidol ampoule	5 m
3470P	Hydrocortisone Sodium Succinate injection*	100
	OR	
3471Q	Hydrocortisone Sodium Succinate injection*	250
3473T	Hyoscine Butylbromide ampoule	20 n
3476Y	Metoclopramide ampoule	10 n
10178Q	Midazolam ampoule	5 m
10862Q	Morphine ampoule	10 n
	OR	
3479D	Morphine ampoule	15 n
	OR	
10868B	Morphine ampoule	20 n
	OR	
3480E	Morphine ampoule	30 mg/mL
		5 x 1 mL
10786Q	Naloxone injection	400 microgram/mL
	OR	
		5 x 1 mL
11233F	Naloxone injection	400 microgram/mL
		10 x 1 mL

Based on the emergency practice concept proposed by Seidel et al 2006 Aust Fam Physician. 2006 Apr;35(4):225-31. Information from PBS listings current as of March 2021. See www.pbs.gov.au for more.

palliAGED Evidence and Practice

palliAGED
PALLIATIVE CARE AGED CARE EVIDENCE

Home Australian Context Evidence Centres Practice Centres For the Community About

Evidence Centres > Evidence Summaries > Comorbidity and Multimorbidity > Synthesis

Evidence Summaries

Advanced Care Planning (ACP)

Alzheimers

Case Conferences

Case Coordination

Case Conferences

Case Conferences

Case Conferences

Case Conferences

Case Conferences

Case Conferences

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Case Conferences

Comorbidity and Multimorbidity - Synthesis Introduction

Almost two thirds of older adults over 80 years of age have three or more chronic diseases, a condition known as multimorbidity. [1] Differences in multimorbidity, why and a pragmatic approach to managing it. Australian RACGP aged care clinical guide is based on 'people with multiple conditions where significant problems to everyday functioning, or the management of their care has become patient and/or involves a number of services working in an uncoordinated way. [2] People have a greater risk of premature death than people without multimorbidity. [3-7]

Although often used interchangeably within published literature to describe a state of multiple conditions, the terms multimorbidity and comorbidity differ. In comorbidity, an index disease, disease and cancer are index conditions that exist other conditions treatment and the [8] in comorbidity, multimorbidity is not determined by an index condition as there are no existing 'regarded equally with none taking priority. [9] This distinction is now recognised in the revised definition published but is often not made in the literature. Given the difficulty of determining which term would have been appropriate, in the following text any distinction between the two is noted with caution.

It is also worth noting that some but not all chronic conditions are life limiting. The Australian and Palliative Care reports state on how chronic conditions [20] including conditions that are not life limiting, and the National Strategic Framework for Chronic Conditions [21] uses the following chronic conditions:

- New complex and multiple diseases
- They often identify extreme stress or co-morbidities
- usually have a gradual onset, although they can have sudden onset and acute stages
- either across the life cycle, although they become more prevalent with older age
- are complex and persistent, and often lead to a gradual deterioration of health and well-being
- often not usually immediately life threatening, are the most common and leading cause of death

Quality Statement

A total of 20 systematic reviews [1, 3, 7, 11-30] a meta-review [30] an integrative review [31] review [32] are included in this synthesis of evidence for multimorbidity and comorbidity. In older adults and palliative care in an aged care context [11, 20, 21, 26-30] whereas 20 were on adults some of which included in an aged care setting but not necessarily with a palliative focus.

Evidence Summaries

Advance Care Planning (ACP)

Advocacy

Bereavement

Case Coordination

Case Conferences

Cognitive Issues

Communication Skills

Communication at End of Life

Comorbidity and Multimorbidity

Comorbidity and Multimorbidity - Synthesis

Complementary Medicine

Costs and Economics

Dignity and Quality of Life

Education - Community, Family, Carers

Education - Workforce

Elder Abuse

Emergency Planning and Management

Environmental Modification

Comorbidity and Multimorbidity

Key Messages

1 The terms comorbidity and multimorbidity both describe a state of multiple chronic conditions with the terms used interchangeably, however, the distinction between the two is starting to be recognised. [1]

2 Comorbidity and particularly multimorbidity are associated with poorer quality of life, increased use of health services and hospitalisation, and polypharmacy. [1-3]

3 Prioritising treatments requires an assessment across all health issues. [4] This means considering the person's co-existing illnesses and the ways in which they and their respective treatments interact, the person's clinical and functional status, treatment burden for the person, and the person's preferences for care. [5, 6]

4 While evidence-based guidelines exist for the management of a single disease, few address comorbidity or multimorbidity particularly in a palliative care context. [2, 4]

Background

The prevalence of many diseases increases with age and people have more than one illness.

Summary

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Subscribe Contact

Home Australian Context Evidence Centre Practice Centre For the Community About palliAGED

Practice Centre > Improving Practice > Comorbidity and Multimorbidity

Improving Practice

Advance Care Planning (ACP)

Alzheimers

Bereavement

Case Coordination

Case Conferences

Cognitive Issues

Communication Skills

Communication at End of Life

Comorbidity and Multimorbidity

Complementary Medicine

Costs and Economics

Dignity and Quality of Life

Education - Community, Family, Carers

Education - Workforce

Elder Abuse

Emergency Planning and Management

Environmental Modification

Family Carers

Family Conflicts

Goals of Care

Intimacy and Sexuality

Managing Crises

Mental Illness

Models of Care

Needs Assessment

Nutrition

Psychosocial Care

Referral

Resilience

Respite Care

Self Care and Staff Support

Service Support

Comorbidity and Multimorbidity

What we know

Prevalence of many diseases increases with age so many older people have more than one illness. The terms multimorbidity and comorbidity both describe a state of multiple chronic conditions. In comorbidity, an index condition (e.g. diabetes, stroke, cancer) takes priority. In contrast, multimorbidity is not dominated by a priority condition so that all co-existing conditions are regarded equally with none taking priority. Comorbidity and particularly multimorbidity are associated with poorer quality of life, increased use of health services and hospitalisation, and polypharmacy (5 medications). Frailty with ageing and multimorbidity can make prognosis difficult. Care planning discussions may be beneficial in recognising the need for palliative care and reducing burdensome medication and treatments. Prioritising treatments requires an assessment across all health issues with respect for a person's wishes.

Go to Evidence Summary

What can I do?

Use the Supportive and Palliative Care Indicators Tool (SPCIT-4ALL) [308a pdf] to identify people with deteriorating health due to one or more advanced conditions or a new serious illness so they benefit from holistic assessment and future care planning.

Use the Instrument for Patient Capacity Assessment (ICAP) [344a pdf] to better understand a person's interests, goals, and their sense of satisfaction and burden.

Listen with the family and the person to find out their priorities for health care and suggest a family meeting to formalise these preferences.

Flag older adults with multimorbidity and multiple medications for a government-funded Residential Medication Management Review and Quality Use of Medicines or Home Medicines Review.

Direct families to palliAGED website - For the Community for further information on care planning.

Check the RACGP Silver Book section on Multimorbidity for practical guidance on care issues.

What can I learn?

Readable article from the literature

Practice

Synthesis



Searching for
specific evidence

- Systematic review collection
- PubMed searches (including filters)
- Grey literature
- Latest Australian research

Searching for specific evidence in palliative care

Pain

Home / Evidence / Searching for Evidence / Systematic Review Collection / Pain

Review collection - Pain

328 reviews

General 158 reviews

PubMed.gov

Advanced

PubMed searches

Quick search

Grey Literature searches

Latest Australian research

BMJ Support Palliat Care. 2022 Mar;12(1):1-9. doi: 10.1136/bmjspcare-2021-003102. Epub 2021 Oct 19.

Spiritual interventions for cancer pain review and narrative synthesis

Thomas Hindmarch¹, James Dalrymple², Matthew Smith³, Stephen

Affiliations + expand

PMID: 34667066 DOI: 10.1136/bmjspcare-2021-003102

Abstract

Background Pain is a common and debilitating cancer-related symptom. Psychological, social and spiritual factors are thought to contribute to pain. Consequently, spiritual care interventions are advocated in the management of cancer pain.

NIH National Library of Medicine
National Center for Biotechnology Information

PubMed.gov

Advanced Create alert Create RSS

Save Email Send to

Sorted by Best match Display options

41,307 results

1 The effects of **advance care planning** on end-of-life care: a systematic review. *Breastwound*. 2021 Sep;31(9):1000-25. doi: 10.1177/026981832110432672. Epub 2021 Mar 20.

PMID: 34017101 Review.

Share **Advance care planning** could potentially improve end-of-life care, but the methods/tools used are varied and of uncertain benefit...there is evidence that **advance care planning** positively impacts the quality of end-of-life.

2 Public Perceptions of **Advance Care Planning**, **Palliative Care**, and **Hospice Care**: A Systematic Review. *Journal of Palliative Medicine*. 2021 Apr;34(4):549-52. doi: 10.1089/jpm.2020.0111. Epub 2020 Jul 2.

PMID: 32616614

Share Background Although access to **advance care planning** (ACP), **palliative care**, and **hospice** has increased, public attitudes may still be barriers to their optimal use. Purpose To synthesize empirical research from disparate sources that...

3 Multicomponent **Palliative Care** Interventions in Advanced Chronic Diseases: A Systematic Review. *Pharmaceuticals*. 2021 Jan;14(1):179-183. doi: 10.3390/ph14010179. Epub 2021 Nov 18.

PMID: 35177350 Free PMC article. Review.

Share **Palliative care** interventions have been shown to improve quality of life in advanced chronic diseases. However, the effectiveness of these interventions remains unclear. This systematic review...

PubMed search for studies in palliative care
I provides an easy and reliable way for you to find the relevant studies in the Palliative Care Search Filter as their base. Each input searches are automatically updated as new articles are added.

Specific needs Issues relating to care & conditions Health professionals Carers

All citations

Search Results

864 Record(s) Found

Show Records Per Page

1. Other Grey

Palliative Care Australia, (PCA)

Palliative Care is Core Business for Aged Care

Palliative Care Australia (PCA), 2021

View Full Abstract

2. Conference Abstract

Phillips, Jane L; Luckett, Tim; Lovell, Melanie; Xu, Xiangfeng

Promoting cultural congruent care for Chinese migrants living with cancer pain: a mixed-method research project

PCNA 2020, Palliative Care Nurses Australia, 2020

View Full Abstract

3. Conference Abstract

Heneka, Nicole; Shaw, Tim; Rowett, Debra; Lapkin, Sam; Phillips, Jane L

Opioid error contributory and mitigating factors in specialist palliative care inpatient services: Findings from the PERISCOPE Project

PCNA 2020, Palliative Care Nurses Australia, 2020

View Full Abstract

4. Conference Abstract

Cooper, Joanne

What Australian researchers are publishing in palliative care

This list identifies palliative care research primarily conducted by Australian research groups. The list is based on the results of a search of the PubMed database using the CareSearch search filter for palliative care to identify articles held within the PubMed database and to the strongest evidence. Articles have been selected based on relevance and new articles are added on an ongoing basis.

This is an exhaustive list, the aim is to keep the community informed by providing a snapshot of recent research in palliative care studies in the Australian setting.

Genetic polymorphisms in ARRB2 and clinical response to methadone for pain in cancer patients

Sutherland HG, Yu C, Albury CL, Zink M, George R, Good P, Griffiths LR, Hardy J, Haupt LM, et al. *Pain*. 2021 Apr;162(4):1000-1010. doi: 10.1093/pain/pnab001. Epub 2021 Mar 10.

PMID: 33811111 Review.

Share The prescription of methadone in advanced cancer poses multiple challenges due to the consideration of various factors including pain severity, patient preferences, and the risk of adverse effects.

2. Conference Abstract

Heneka, Nicole; Shaw, Tim; Rowett, Debra; Lapkin, Sam; Phillips, Jane L

Opioid error contributory and mitigating factors in specialist palliative care inpatient services: Findings from the PERISCOPE Project

PCNA 2020, Palliative Care Nurses Australia, 2020

View Full Abstract

3. Conference Abstract

Cooper, Joanne

Palliative Care Australia, (PCA)

Palliative Care is Core Business for Aged Care

Palliative Care Australia (PCA), 2021

View Full Abstract

4. Conference Abstract

Cooper, Joanne

Palliative Care Australia, (PCA)

Palliative Care is Core Business for Aged Care

Palliative Care Australia (PCA), 2021

View Full Abstract

CARESEARCH®

Access to evidence for community



Supporting Community -

Sharing information from the same credible source

The screenshot shows the 'Community' page of the palliAGED website. The top navigation bar includes links for Home, Community (active), Health Professionals, Evidence, About Us, and News. The main header features the palliAGED logo and a large image of an elderly woman holding a baby. Below the header, a secondary navigation bar includes links for Home, Australian Context, Evidence Centre, Practice Centre, For the Community (active), and About palliAGED. The page content is titled 'Focus on our community' and includes a paragraph about the community center's purpose. A section titled 'For the Community' provides information on palliative care and end-of-life care, with a circular image of three elderly people. At the bottom, there are three small images showing people in various settings.

Home Community Health Professionals Evidence About Us News

Community

Home / Community

Subscribe Contact

Home Australian Context Evidence Centre Practice Centre For the Community About palliAGED

For the Community

Older Australians are generally fit and well and most are living in their own home. Over time they may need more support and there are many different services that can help them remain independent. However, some because of cognitive issues such as dementia or specific conditions like breathlessness may need more care. Families are often involved in providing this support and care, directly or indirectly.

As an older person ages, they will become frailer and underlying conditions may worsen and they will enter the last phase of their life. Understanding how things will change as the older person moves towards death and by talking about what type of care will be needed is often helpful for both the person and the family.

These pages provide information on palliative care and end of life care and on services and resources that can help the person and their families. Having reliable information is important when making decisions about care. To ensure access to trustworthy information we have brought some of the content in these pages across from the CareSearch Community Centre. You will find that some of the information can be useful at any age while other sections are specific to the older person and their care needs.

Patients and carers
Find information about

Older Australia
Learn about ageing and

Diversity
Find out about the

Dying
Death

Trustworthy
information at
every stage
and age



Information needs will depend on the context

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Home Australian Context Evidence Centre Practice Centre For the Community About palliAGED

For the Community > Older Australia > Residential Aged Care > Entering Residential Aged Care

Entering Residential Aged Care

You, or someone you care about, may be considering moving into an aged care home. If so, you may have questions about the process. It is important to understand that residential aged care is both a place to live and a place to die. The average age of residents is 85 years and length of stay two and a half years. [1] Many residents have high care needs and death is the most common reason for leaving. You and your family need to prepare for the likelihood of death.

MyAgedCare has information about entering residential aged care including costs and what you can expect help with:

- day-to-day tasks like cleaning, cooking, and your laundry
- personal care including bathing, dressing, eating, and taking your medications
- clinical care under the supervision of a registered nurse.

Finding the right place

My Aged Care has detailed information about finding a home that can meet your care needs, now and into the future. This includes information on how to find the right place, applying for entry and the financial processes. If you are entering an aged care home from a hospital admission, the hospital team will support you in finding a place. When thinking about the right place for you, the list of 10 key questions to ask about staffing from the Australian Aged Care quality and Safety Commission is useful.

If you have a life-limiting illness and/or palliative care needs it is

Steps to enter an aged care home

Download Steps to enter an aged care home (978kb pdf)

Download 10 questions to ask about residential aged care (730kb pdf)

Download 10 questions to ask about palliative care in residential aged care (1.71 MB)

Illness and Family Caring

When you or someone you care for has palliative care needs it can be an uncertain and stressful time. Knowing what to expect and what you can do helps. This can also be true at the end of life without a life-limiting illness.

What you need, and what you want to know and do will depend on you and your care situation. Older people might receive care at home, in residential aged care, or in a hospital. Often it will be a mix of these and include support from aged care services. The amount of help you get will vary. Not everyone will need or receive the same. If there are others helping with care such as staff in residential aged care or a palliative care team then this will change what you need to do. Here you can find out about [Living with Illness and How to Care](#), as well as [Managing Symptoms and Medications](#).



Managing Funerals and Notifications

Preparation before death has occurred can make it easier when this time comes

If you or the person you care for want to prepare some things in advance of your death, there are things you can do. This can make the time after death easier for your family and friends. It can also be a way for you to share time together.

Your legacy

You or the person you care for might want to share with loved ones the story of your life and what matters most to you. Your legacy. This might also be useful for your funeral preparations such as eulogy or a slide show to remember your life. There are online templates such as this one from Australian Funeral Directors Association to help you create a legacy booklet. A way for family to remember you and your life.

Download A time to say goodbye: a template to write down your story for others

Digital legacy

After your death your online accounts will remain open unless you or someone else takes care of them. To find out more about this and what to do visit the CareSearch Dying2Learn page on digital legacy.

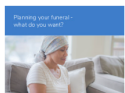
Visit Dying2Learn: What about our digital world

Arranging and paying for funerals

If your illness is considered terminal, you may want to arrange some or all of your own funeral.

In this way others will know what you would have wanted and won't have to guess. For example, do you:

- want to be buried or cremated.
- want certain flowers or no flowers





Tailored
information-

How much and
when will vary

Resources in your language

Home / Community / Diversity / For Individuals / Resources in your Language

End of life care information in different community languages

Information about palliative care and end of life care is available in different languages. Links to trustworthy sources of information in different languages are listed under 'Resources in your language'.

If you know of any other resources, please let us know.

- Afrikaans
- Amharic - አማርኛ
- Arabic - عربي
- Armenian - Հայերեն
- Assyrian - ܐܪܡܝܐ
- Auslan
- Cantonese - 廣東話



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Living with Life-limiting Illness

When you have a life-limiting illness there are things to think about that you or those close to you.

What is your quality of life, what you continue to work, and how you prepare for the future. How you prepare for the future can receive support.

For example, whether it is to slow progress your disease, to treat a symptom or to improve your ability to do the things you enjoy or need to do.

Emotional challenges: It is normal to have changing feelings and emotions. This is especially true if you or someone close are seriously ill or facing the end of life.

Sometimes the worry is so great that you may develop symptoms of anxiety. This can look like feeling edgy or restless. You may have difficulty concentrating, feel tired or have trouble sleeping.

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Palliative Care Support for Patients, Carers, and Families

CareSearch provides trustworthy information about palliative care for patients, carers, and families as well as for health professionals



CareSearch is funded by the Australian Government Department of Health.
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Training

Helps with effective identification and application of appropriate evidence to bring about desired change.





4. Evidence Practice Training

Common forms of clinical investigations drawing on evidence.

Evidence based practice



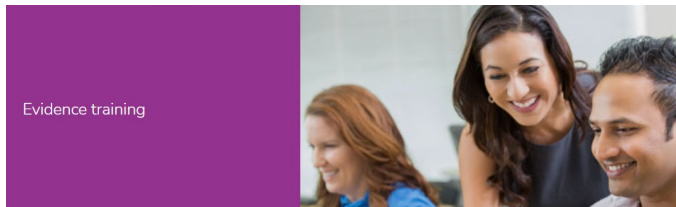
Quality improvement



Research training



EBP training in a palliative care context



Evidence training

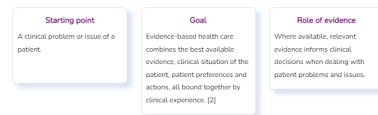
Understanding evidence based practice

Home / Evidence / Evidence Training / Evidence Based Practice / Understanding Evidence Based Practice

Evidence contributing to decision-making in palliative care

Evidence-based practice (EBP) has been defined as 'integrating the best available research evidence with clinical expertise and the patient's unique values and circumstances'. [1] More recent definitions are very similar to this one from Sackett but also emphasise the importance of the clinical situation and patient role. [2] The term 'evidence-based' is also often replaced by or used interchangeably with 'evidence-informed' to reflect that it is not the sole determinant of decision-making. [3,4] Whichever term is used the value of considering evidence in care decision-making remains. [3]

In practice, EBP begins with identification of a clinical problem or issue of a patient and integrates these distinct elements as part of the decision-making process.



Sackett, Rosenberg, et al highlighted the essential aspects of evidence based medicine in their 1996 overview [Evidence based medicine: what it is and what it isn't \(S444a.pdf\)](#). EBP can be undertaken by an individual clinician to improve care outcomes. Providing an evidence-based approach to clinical care requires the health professional to be able to:

palliAGED supporting palliative care training



42 topics aligned with scope of practice



Inside the palliAGED Practice Tip Sheets

palliAGED
PALLIATIVE CARE ADVANCE CARE CONFERENCE

Tips for Careworkers: Person-Centred Care

What it is: Person-centred care is about dignity, worth and human rights. Sometimes called 'patient-centred care' it involves treating people the way they want to be treated and listening to their needs and preferences. This supports quality of life. It helps people to live a meaningful life based on what they value.

Why it matters: Quality care is more than good symptom control and emotional support. It is about helping the older person to live well and maintain control over their life, relationships, and social connections.

What I need to know: Palliative care is focused on quality of life. Being treated with dignity and respect is essential to quality of life. Being compassionate and valuing people as the person they are, rather than just the illness they have promotes a sense of dignity. Helping people retain dignity as they die includes:

- symptom control
- psychological and spiritual support
- attending to privacy, respect and choice
- care of the family.

Do: Always introduce yourself and give the person your full and complete attention.

Do: Respect a person's need for privacy.

Do: When speaking with the person try to be seated at the person's eye level when possible.

Do: Address people by their preferred name and avoid pet names or generic terms like 'love' or 'dear'.

Do: Ask questions such as:
 "What should I know about you as a person to help me take the best care of you that I can?"
 "What are the things at this time in your life that are most important to you or that concern you most?"
 "Who else should we get involved at this point, to help support you through this difficult time?"

Name: _____

My reflections: _____

What could I do when speaking with an older person that would make them feel valued and listened to?

What situations have I observed that have not been person-centred? What could I do to improve things, so this doesn't occur again?

My notes: _____

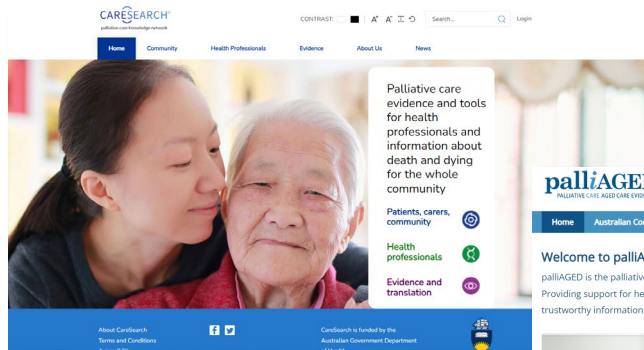
See related palliAGED Practice Tip Sheets:
 Advance Care Planning
 Case Conferences
 People with Specific Needs

For references and the latest version of all tip sheets visit
www.palliaged.com.au

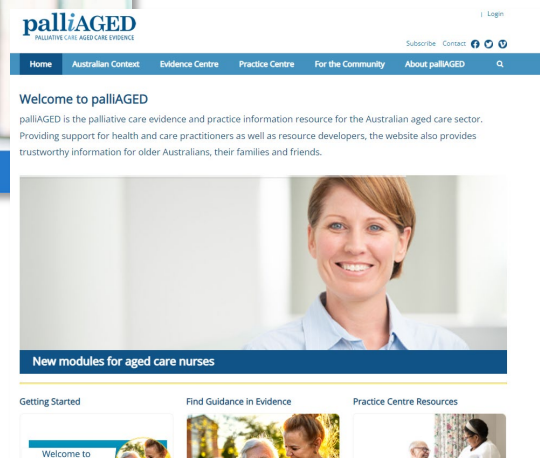
Flinders
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