Philosophy and Meaning of Palliative Care

Deborah Prior

Objectives

- Identify the philosophical values that inform the palliative approach
- Distinguish between populations, primary and specialist models of palliative care
- Discuss the transition phases of care for the elderly
- Analyse concepts of holistic care as these relate to context of elderly residents

Definitions

The World Health Organisation (2000)

An approach that improves the quality of life of individuals and their families facing the problems 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, psychosocial and spiritual.

Palliative Care Australia (PCA)

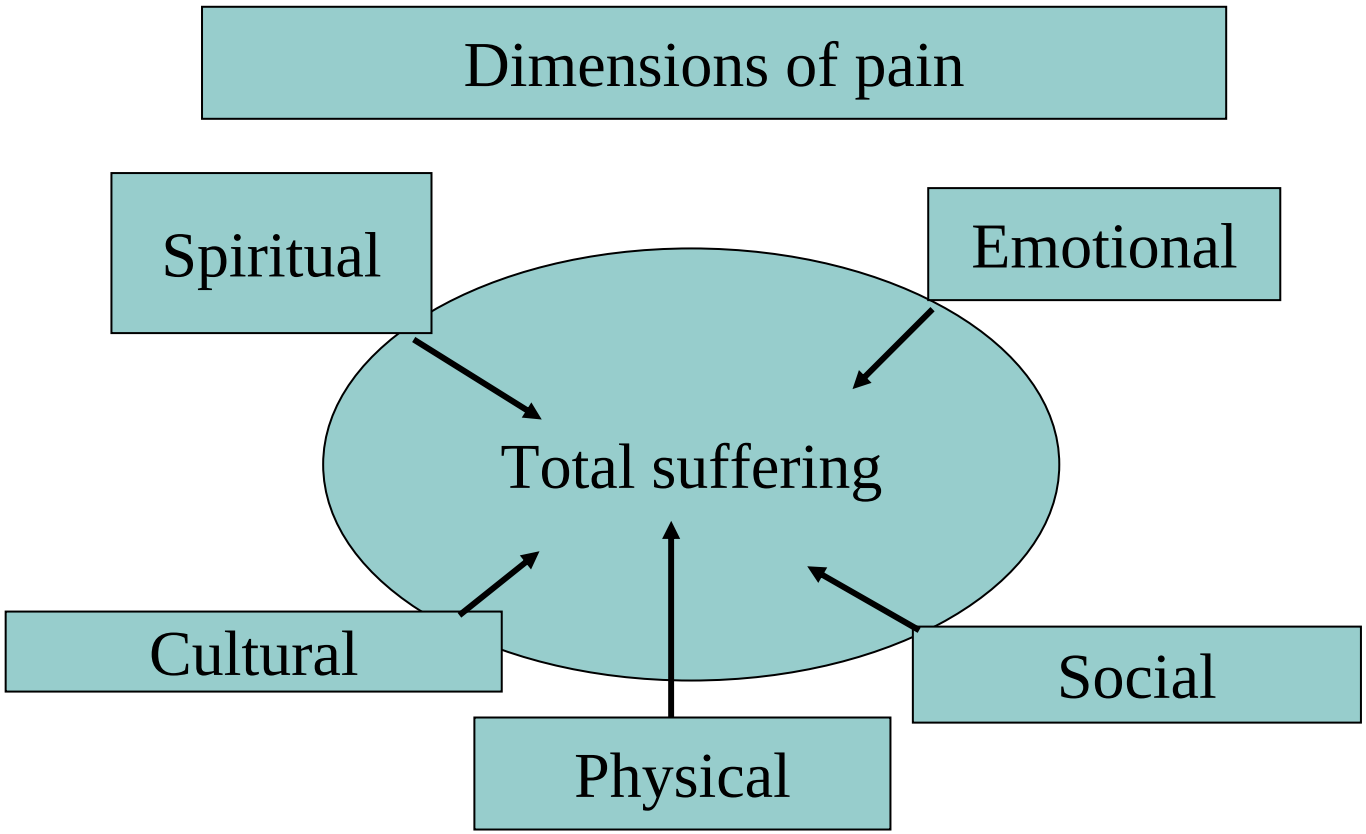
- The central aim of palliative care is to achieve the best possible quality of life, both for the person who is dying and for their family (and friends)
- Care is provided where possible in the environment of the person's choice

National Palliative Care Strategy (2000)

Historical Moments

- Religious Orders - Hospices, shelter and solace
- Dame Cicely Saunders - St Christopher's Hospice - Christian Values of compassion, and caring
- *Total Pain* - conceptual framework

Holistic Approach



Evolution of Palliative Care

- 1970s + from hospice to palliative
- Palliative care as subspecialty of oncology
- Latin derivations *palliare to cloak or shield*
- Contemporary view*, to shield*

To Cloak or Shield?

- *Cloak - to cover - he is but half a physician, he hath palliated our sores and diseases, but he hath not removed them* (Sharp citied in Clark & Seymour, p. 80)
- To shield, implies skill and knowledge. It respects the reality of danger and the imperative of watchfulness (Morris 1997)

Other Definitions

Care approaches designed to prevent or reduce the harm created by death dying, loss and care *giving.*

Policy Consultation Paper, June 2004

Draft Policy

Core Structures of Palliative Care

- Group focused care - client - family - friends
- Holistic
- Inter-disciplinary - collaborative team
- Coordinated
- Continuous
- Reviewed
- Comprehensive - biomedical/ complementary

Core Values

- Life-quality
- Human potential
- Unconditional positive regard (Carl Rogers)
- Spiritual care
- Cultural competence
- Self-care
- Self-aware

A Creed for Practice

We promote attention to the achievement the *person* is still able to make in the face of physical deterioration. We recognise the dying person's need for comfort, support, dignity and encourage them to move toward whatever degree of completion and acceptance they are able to attain in their life regarding themselves, their family, their relationship with society, and their individual conception of life's spiritual basis.

Adapted from Maull, F. 1991.The Hospice Journal 7(3). 43-55

Models of Palliative Care

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

Specialist Palliative Care

- Interdisciplinary consultative team
- Support and consultation
- Direct assessment - collaborative care planning
- Rationalises complex problems
- Clinical treatment as necessary
- Research/education

Indication for Specialist Consultations

- Exacerbation of previously stable symptoms
- Needs exceed the capacity of the facility
- Client requires complex symptom management
- Risk of complications, physical - social - emotional

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

End-of-Life Care

- Physiological signs - palliative treatment
- Meticulous physical care - including symptom control
- Consider the environment of care
- Spiritual care - rituals, ceremonies etc

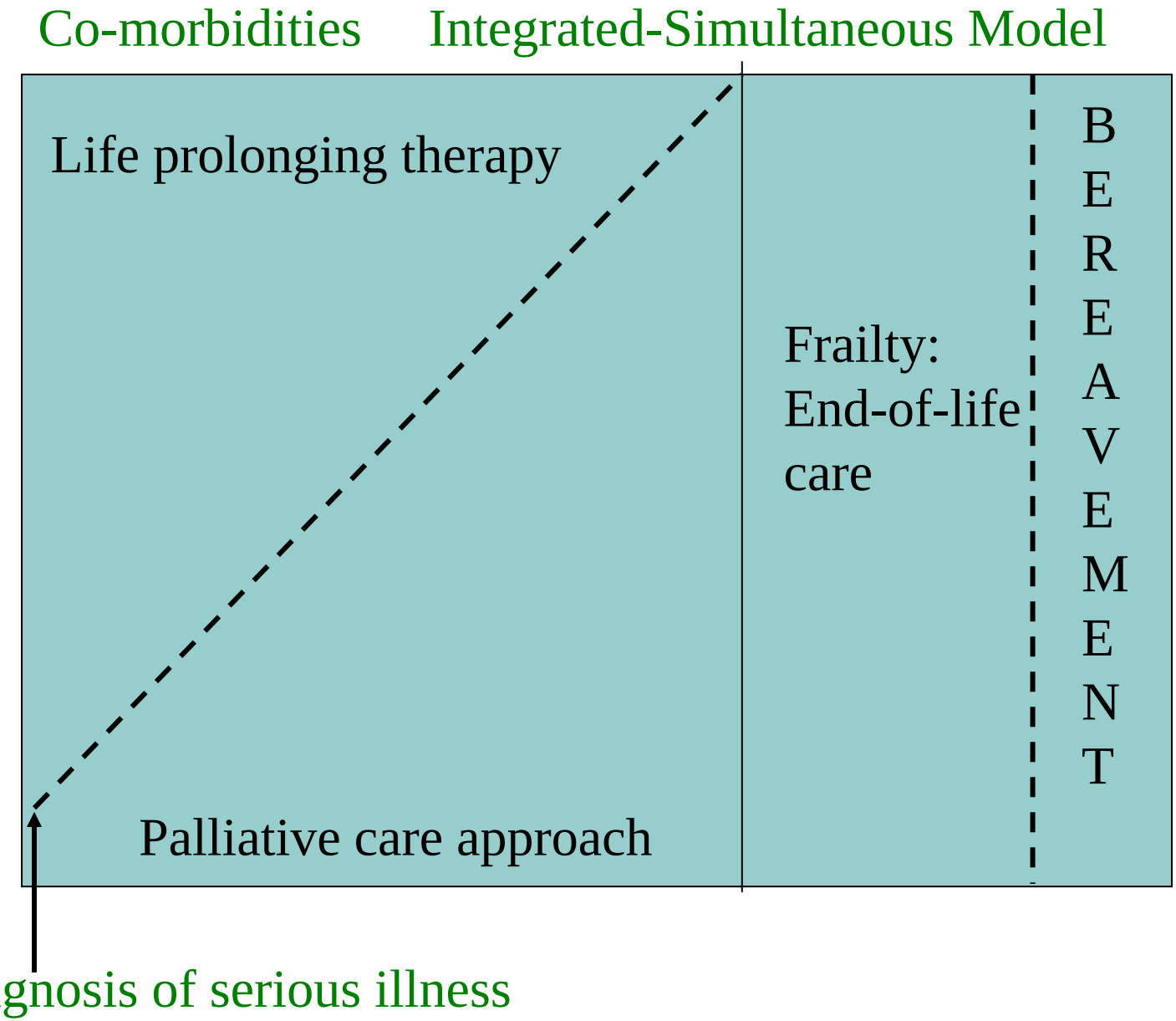
The Palliative Approach

- Population approach, organisational
- Client group have varying degree of need for the palliative approach
- Identify the transition markers
- Essentially holistic approach



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


Co-morbidities
Integrated-Simultaneous Model
Life prolonging therapy
Frailty:
End-of-life
care
BEREAVEMENT
Palliative care approach
Diagnosis of serious illness

Recognising Transition Marker!



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

Significance of Transitions

The Mission of Nursing

Nursing is concerned with the process and the experiences of human beings undergoing transitions where health and perceived well-being is the outcome (1994, p. 257).

Meleis, A and Trangenstein, P (1994) Facilitating transitions: Redefinition of the nursing mission. Nursing Outlook 42(6) 255-259

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

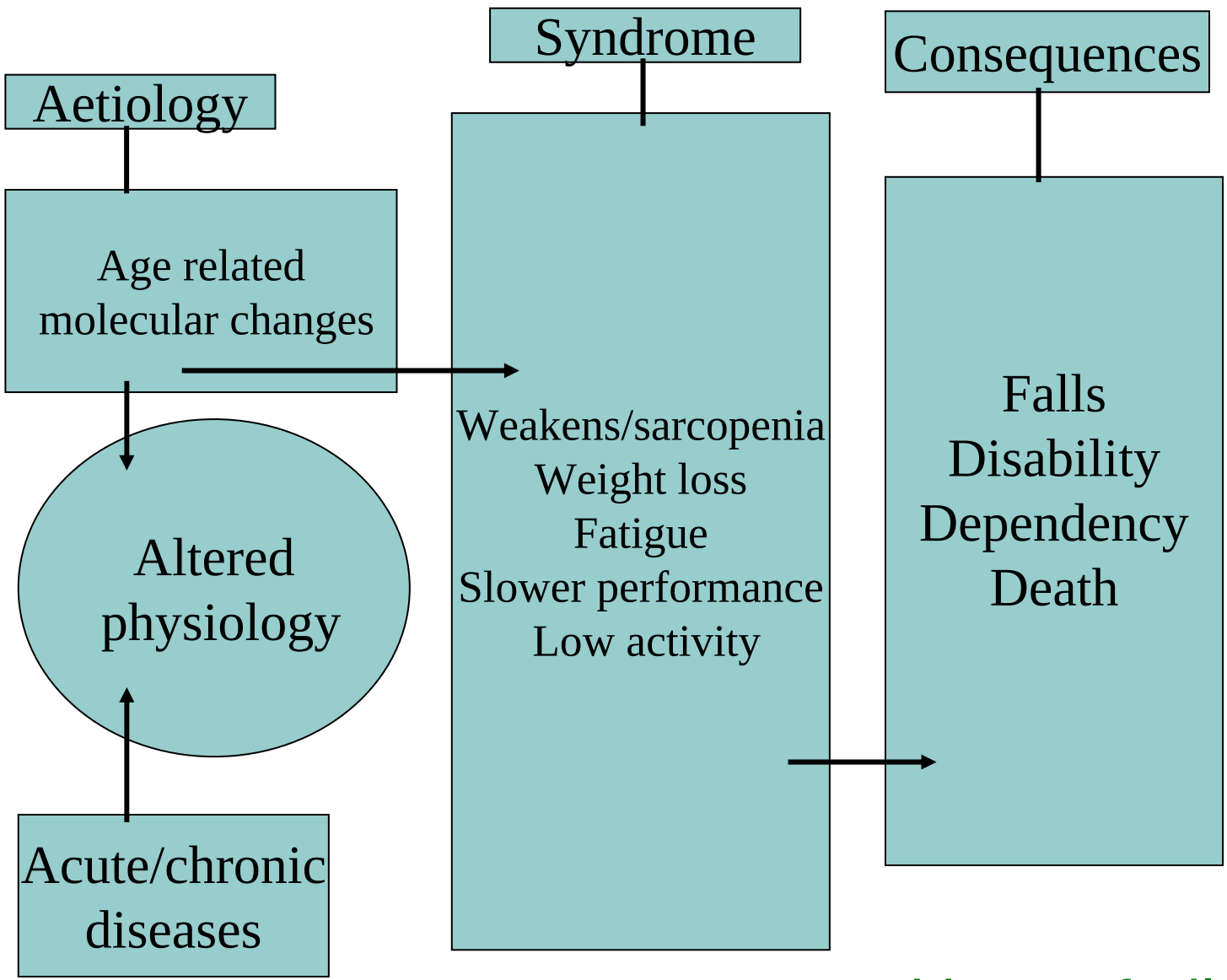
Evidence of Frailty Syndrome

↑ 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



Transition to frailty

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

Summary

- Supportive environment for all staff
- Practical and moral support for client group
- Timely liaison with specialist palliative care providers
- Self-care
- Gracious dying and death

References

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3. Matzo, M. L. and Sherman, D. W. (2004). Gerontolgical palliative care nursing, Mosby, St. Louis, Missouri.
4. Hockley, J and Clark D.(Eds.)(2002). Palliative care of older people in care homes, Buckingham, Open University Press.
5. Clark, D. and Seymour (Eds.) (1999) Reflection on palliative care, Open University Press, Buckingham.

Web Sites

- www.pallcare.org.au link to state organisations
- www.growthhouse.org
- www.eapcnet.org

