

# **Palliative Care**

## **Overview**

The World Health Organization (WHO) defines Palliative Care as an approach that improves the quality of life of patients 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.

The palliative care goal is to improve quality of life for both the patient and the family. 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,
- 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 indicated, and
- Enhances quality of life, and may also positively influence the course of illness.

Palliative care 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, and includes those investigations needed to better understand and manage distressing clinical complications.

## **Key Points**

Palliative care is not hospice.

Palliative care can be provided any time after the diagnosis of life limiting or life threatening illness.

Hospice care is appropriate when there is prognosis of 6 months or less to live.

The other main difference between palliative care and hospice is that palliative care patients can receive life prolonging treatments while hospice care focuses on comfort and support for the patient and family.

## Assessment

Palliative Care Team can be consulted for providing assessment and developing plans of care for patients with the following problems:

- pain
- addiction due to pain
- pain drug therapy
- active dying
- artificial hydration/nutrition
- constipation
- dyspnea
- delirium
- nausea and vomiting
- depression or anxiety
- fatigue
- anorexia
- cultural considerations
- self-care
- advance care planning, DNR and ethical issues
- breaking bad news
- goals of care
- family conferences
- hospice and last days care
- psychosocial and spiritual care

## Intervention

Palliative care is not passive care.

It does not ask patients and family to give up on care.

Palliative teams actively work with the patient and family to carry out the patient's wishes.

It is not reserved only for the imminently dying or bedbound patients.

Patients early in the trajectory of a life limiting or life threatening illness and patients with good performance status can benefit from palliative care interventions, for example, as maintaining or improving performance status and adherence with life prolonging treatments, aggressive symptom control, patient and family psychosocial/spiritual support.

## References

World Health Organization. (2013). *WHO Definition of Palliative Care*. Retrieved from <http://www.who.int/cancer/palliative/definition/en>