

Flexing Your Core – Domain 1 Principles of Palliative Care & Palliative Approach

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Defining Palliative Care – when does this approach start?

- The World Health Organization (August 2020) defines palliative care as “an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with a life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.”

Video on myths around defining boundaries of palliative care: <https://youtu.be/HvguLSL-AJU?si=nnEVAvT858gH6B-7>

Discussion Questions

1. What are some care settings where you would care for someone with a life-limiting illness?
 - Home support clients, primary care, all areas of health, primary care, hospital, LTC, hospice, those experiencing homelessness
2. Which clinicians would be involved in supporting in a palliative approach?
 - Allied health, social workers, physicians, nursing, RT, OT, PT, LPN, care aids, home care nurses, primary care providers, specialists, family, patient, spiritual care, music therapists
3. Name some of the ways in which health care providers are responsible for providing a palliative approach for someone with a life-limiting illness.
 - Providing holistic care
 - Symptom management - RN, GP, Oncology, Family
 - Communicating goals - having conversations and documenting
 - Setting up equipment for home; function and comfort
 - Sharing info within your circle of care
4. How do you know when to start using a palliative approach?
 - When client ready to accept it (can be tricky to balance). Team approach very important here to gauge where a client is at in readiness to accept diagnosis and prognosis. Balance of providing

quality care and respecting clients wishes (especially in challenging situations where they may seem in denial of what's going on)

- Life ending diagnosis; life limiting illness diagnosis
- when functions or symptoms start to change
- Changes in clinical frailty scale, use of SPICT, if you look at someone and feel they could pass in next 6-12 months
- Using frailty tools, looking at recent hospitalizations, when they are expressing their wishes for a less medicalized approach

Case Study:

62-year-old woman on the acute medical unit admitted with increasing pain and shortness of breath.

She has recently been diagnosed with lung cancer and is going for radiation treatment. Mary says her main goal is to spend time with her grandchildren and husband at home. But, due to increased pain and shortness of breath, she has not been able to.

Case Study Questions & Discussion summary:

In supporting Mary from a palliative approach what are some ways we might participate in her care in relation to these 4 goals:

Providing team-based care

- All team members coming together to help with Mary's goals. Ensuring to bring all different services and supports into the conversations of her care and goals

Providing person and family-centered care

- Family care conferences – explaining what they can expect to see, explain what changes may happen with Mary as things progress
- Discuss different roles with family. Ie. spouse role becoming a caregiver

Implementing holistic care

- Asking what's important to Mary?
- Addressing emotional aspects of diagnoses and how can team support her psychosocially and emotionally
- Provide resources to on talking to her grandkids about palliative care
- Advise family of support groups available to them
- Resources for going home (what's available in the community?)
- Pain management
- Resources for medical appointments – Ie. getting to appointment from home

Decreasing suffering/increasing quality of life

- Look at palliative nurses to support pain management so she can meet her goals, therefore increasing quality of life
- Equipment – what can we get in the home to support? Assess for oxygen, etc

Concluding reflections

- In 100 Mile oxygen can be prescribed as comfort measure for home and don't need an order, whereas many other areas across the province you need an assessment still