



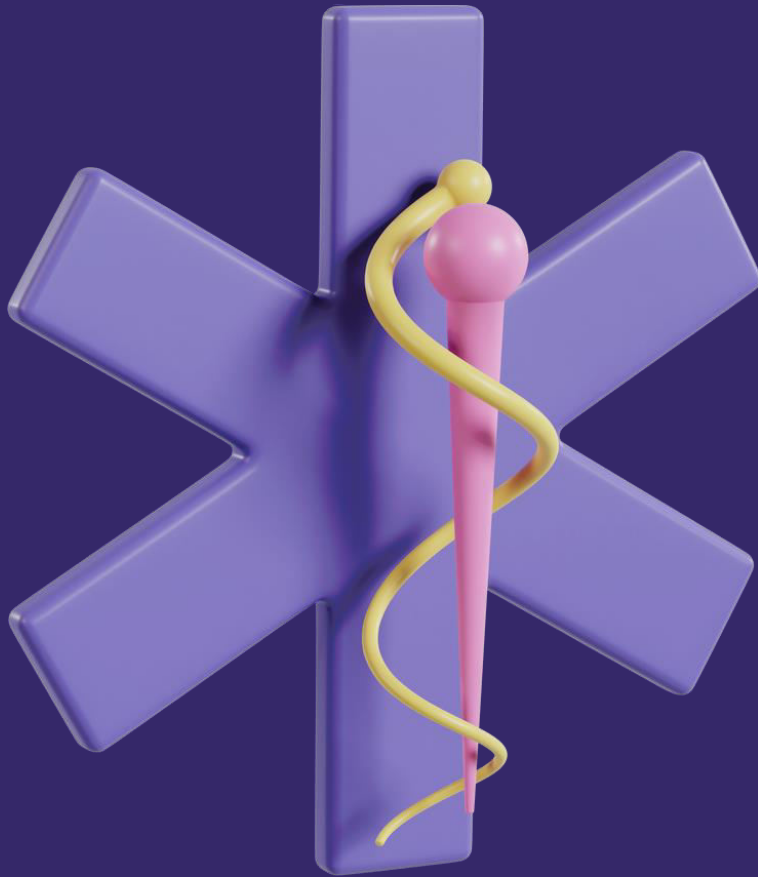
PALLIATIVE CARE

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OBJECTIVES

- Aim to give an overview and understanding of palliative care .
 - What is palliative care?
 - Why is it important?
- Who is it for and who delivers it?
 - When is it used ?
 - How can I do it ?
 - Where it is delivered?



PALLIATIVE CARE

Palliative care is an interdisciplinary medical specialty that focuses on preventing and relieving suffering and on supporting the best possible quality of life for patients who are facing a serious and/or life-threatening illness, as well as their families

WHO DEFINITION OF PALLIATIVE CARE



The World Health Organization describes 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."

WHO DEFINITION OF PALLIATIVE CARE (CONT.)



- *offers a support system to help the family cope during the patient's illness**
- uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;**
- *will enhance quality of life, and may also positively influence the course of illness;**
- *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.**

WHO DEFINITION OF PALLIATIVE CARE (CONT.)



Palliative care is not defined by.

- Body system (compared with dermatology, cardiology).
- What is done (compared with anesthesiology, and surgery).
- Age (compared with pediatric, geriatrics)
- Location of care (compared to ER, critical care)

Any illness, Any age, Any location

The History of Palliative Care

Started as a hospice movement in the 19th century, religious orders created hospices that provided care for the sick and dying in London and Ireland. The Irish Sisters of Charity, inspired by the vision of their foundress, Sister Mary Aikenhead (d.1858).

Began as a volunteer-led movement in the United States and has developed into a vital part of the health care system.

DAME CICELY SAUNDERS



the founder of modern hospice and palliative care, Dame saunders , a British physician founded the first formal hospice "St Christopher's Hospice" in 1948 introduced the term "total pain." Recalling one of her patient's testimonies, "...The pain began in my back, but now it seems that all of me is wrong. My husband and my son were marvelous but they were at work and they would have to stay off and lose their money. Everything seemed against me and nobody seemed to understand..." Dr. Saunders observed that her patient's pain included not only physical but also "...emotional and mental suffering, her social problems, and her spiritual need for security and meaning". Accordingly, the concept of "total pain," which provides a defining framework for patient assessment in palliative care, refers to the complex mechanisms and manifestations of suffering, including its physical, emotional, socioeconomic, and spiritual components.

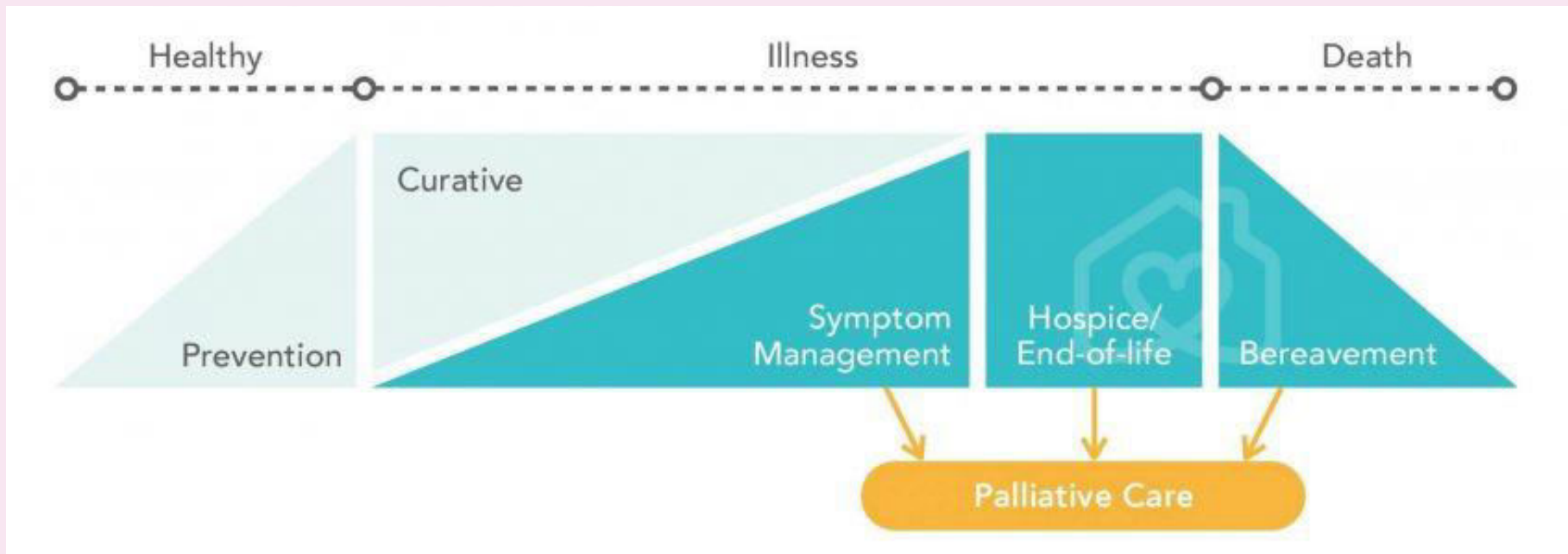
- In 1990, the world health organization (WHO) recognised palliative care as a specialty.
- In recent years, palliative care has become a significant movement, affecting much of the population.



WHY PALLIATIVE CARE ?

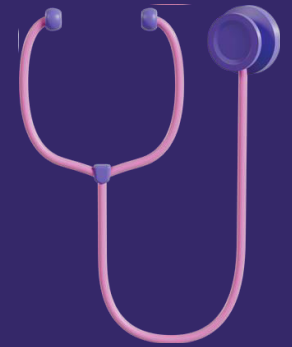


- Palliative care aim to:
- Reduce unwanted unnecessary and painful treatment or intervention.
- Improve the person's response to treatment .
- Increase the ability of person's family to cope with and care for a loved one.
- Alleviating the intensity of symptoms of disease.
- Reducing prominence and severity of symptoms.



Palliative care aims to relieve suffering in all stages of disease and does not have to be limited to end-of-life care. Palliative care may be provided along with curative or life-prolonging treatments. Palliative care also extends to the family's or loved ones' bereavement period.

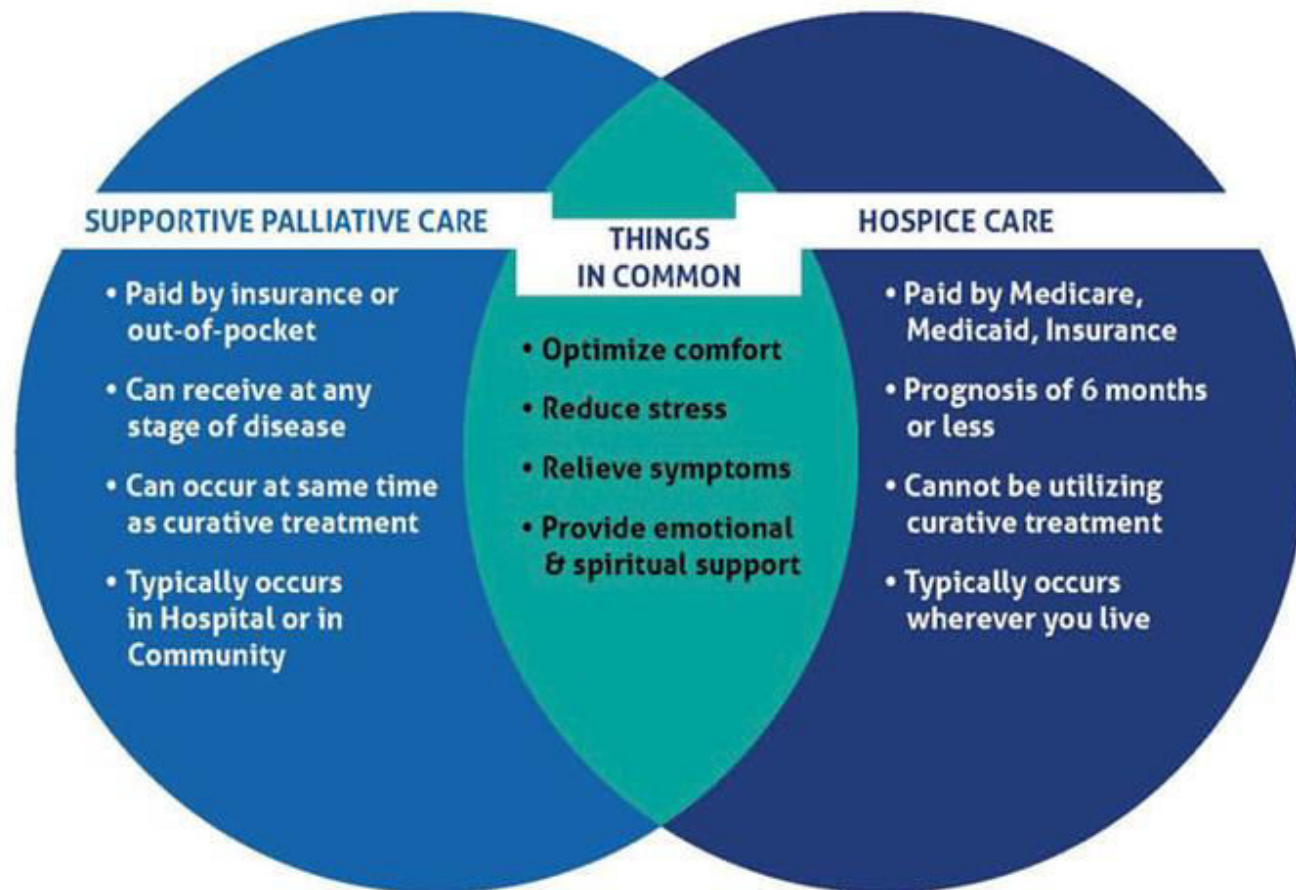
PALLIATIVE VS. HOSPICE CARE

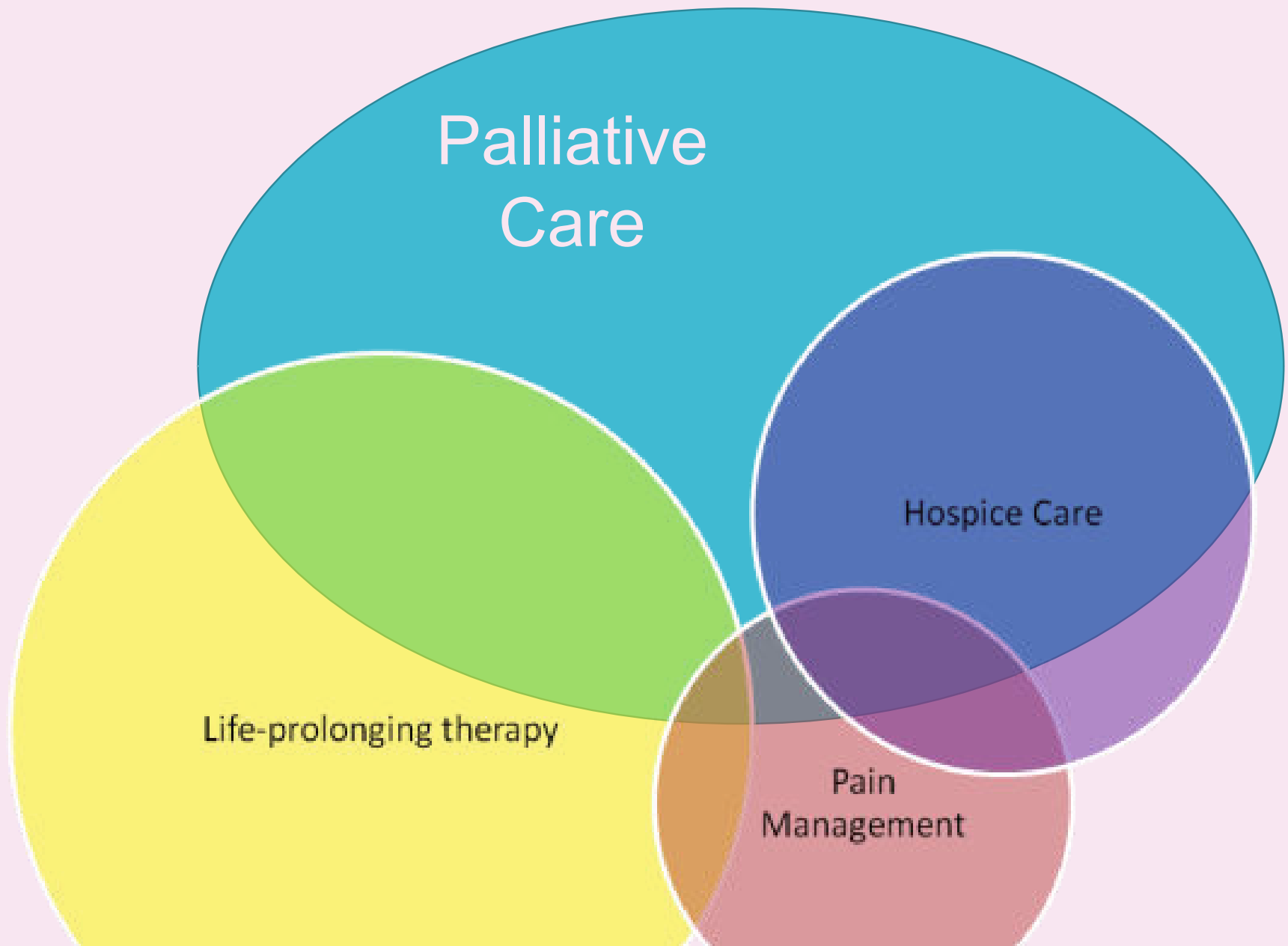


The division made between these two terms in the United States Hospice is a “type” of palliative care for those who are at the end of their lives.



Comparison of Supportive Palliative Care vs. Hospice Care





WHO RECEIVES PALLIATIVE CARE?



Individuals struggling with various diseases

Individuals with chronic diseases such as cancer, cardiac disease, kidney failure, Alzheimer's, HIV/AIDS and Amyotrophic Lateral Sclerosis (ALS)

CANCER AND PALLIATIVE CARE



- Cancer is the second leading cause of death globally, accounting for an estimated 9.6 million deaths, or one in six deaths, in 2018. Lung, prostate, colorectal, stomach, and liver cancer are the most common types of cancer in men, while breast, colorectal, lung, cervical, and thyroid cancer are the most common among women.
- More than 70% of all cancer deaths occur in developing countries, where resources available for the prevention, diagnosis, and treatment of cancer are limited or nonexistent.
- More than 40% of all cancers can be prevented. Others can be detected early, treated, and cured. Even with late-stage cancer, the suffering of patients can be relieved with good palliative care.

CANCER AND PALLIATIVE CARE (CONT.)



- Palliative care is given throughout a patient's experience with cancer.
- Care can begin at diagnosis and continue through treatment, follow-up care, and the end of life.
- Excerpts from the WHO Guide for Palliative Care:
 - "Palliative care is an urgent humanitarian need worldwide for people with cancer and other chronic fatal diseases. Palliative care is particularly needed in places where a high proportion of patients present in advanced stages and there is little chance of cure.

WHO PROVIDES PALLIATIVE CARE?

- Usually provided by a team of individuals
- Interdisciplinary group of professionals
- The team includes experts in multiple fields:
- Doctors
- Nurses
- social workers
- massage therapists
- Pharmacists
- Nutritionists



COMMUNICATIIN THERAPIST.. S P I K E



CANCERS ONLY?

Specific Conditions that may Require Palliative Care

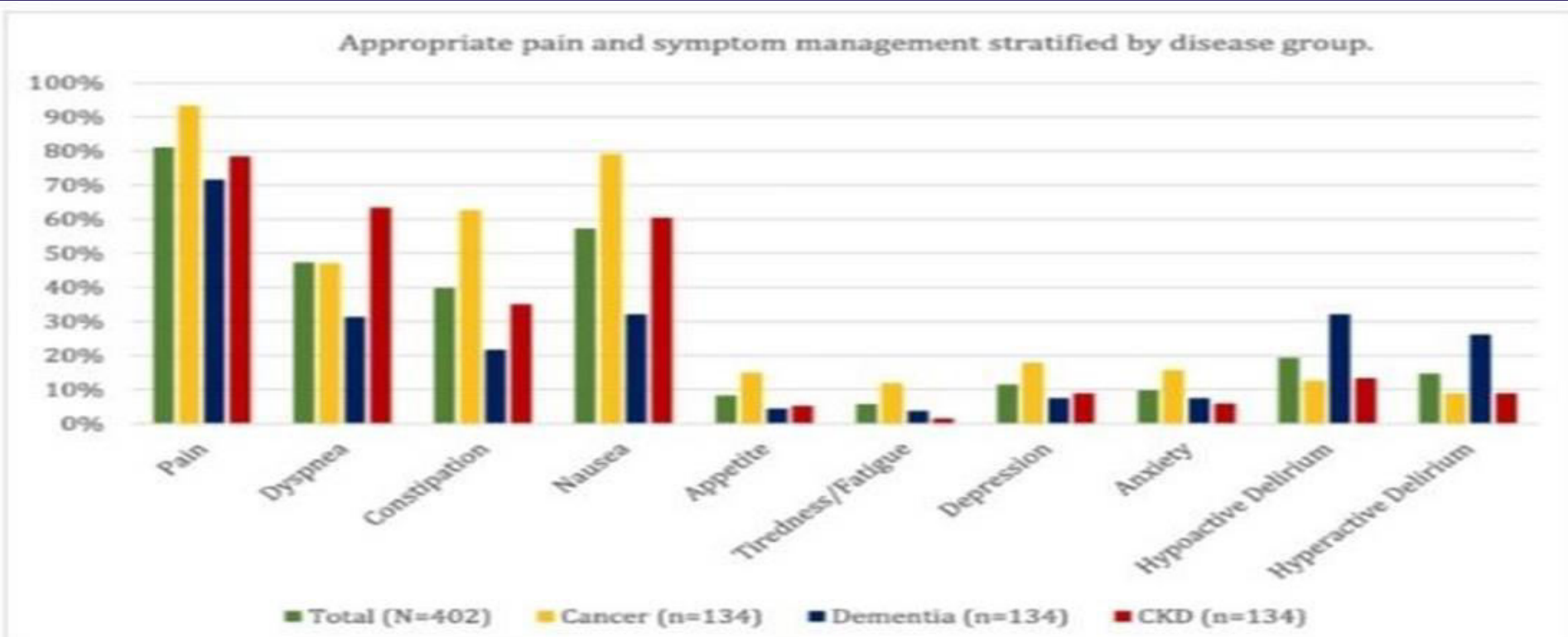


"ALTHOUGH THE WORLD IS FULL OF SUFFERING, IT IS ALSO FULL OF THE OVERCOMING OF IT."

Helen Keller



**People with serious illnesses have many distress symptoms that need to be addressed
So, TO RELIEFE SYMPTOMS IS OUR GOAL**

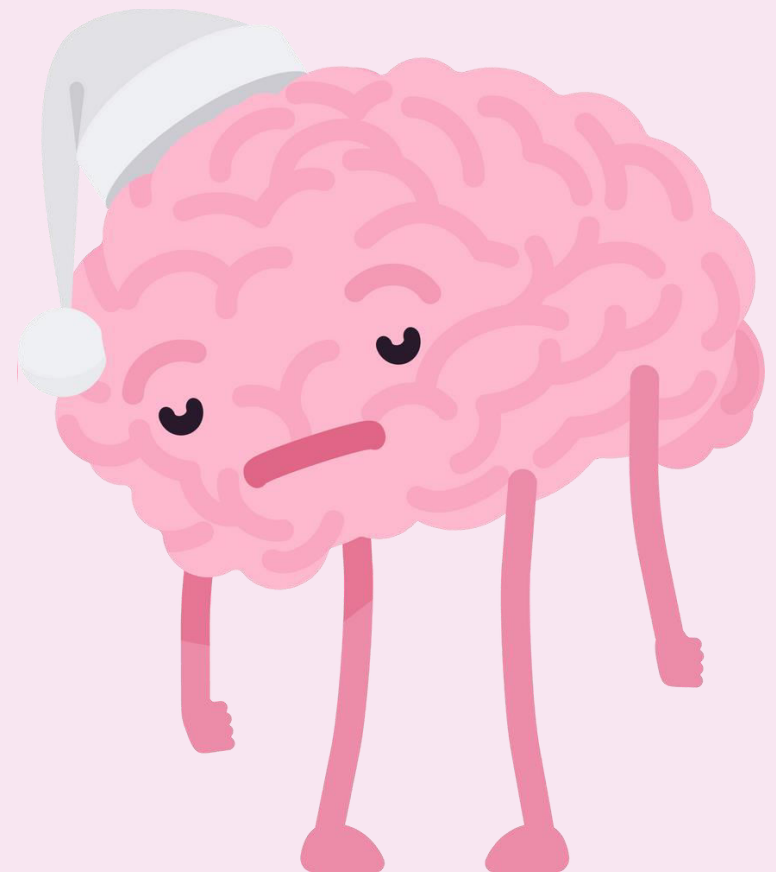


PAIN MANAGEMENT :

modalities: massage, heat or ice therapy, injections, or meditation (NSAIDs, opiates, antidepressants, and steroids).

FATIGUE:

Caffeine, sleep breaks.



DYSPNEA:

O2 if the Patient is hypoxic, opiate, maximum treatment of the underlying condition.

Depression :

Screening (hopeless? Helpless? Sleep, appetite?)

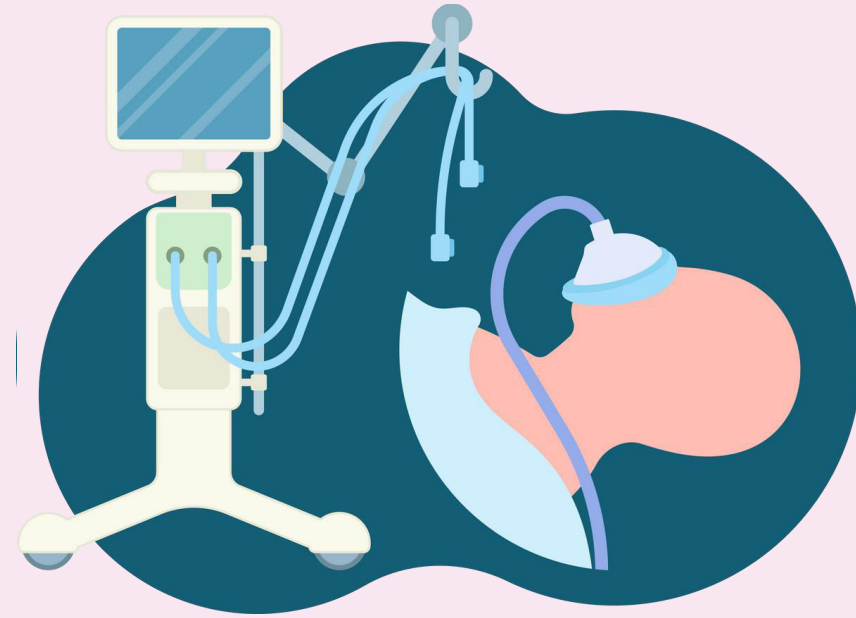
Antidepressants... SSRI

Constipation

Laxatives

Insomnia:

Bed time antidepressants

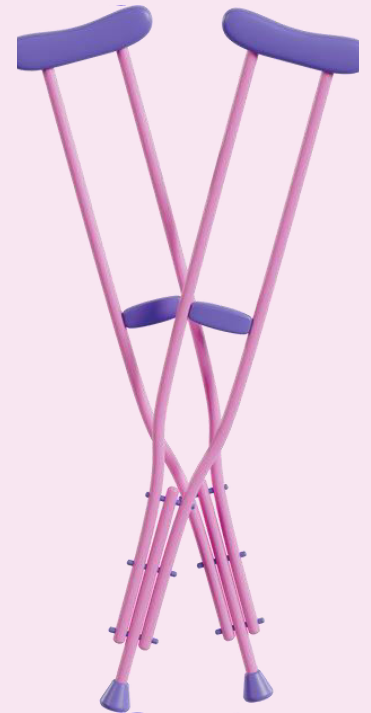


EMOTIONAL & SPIRITUAL SUPPORT



WHAT DOES PALLIATIVE CARE PROVIDE TO THE PATIENT?

- Preventing and relieving pain and discomfort
- Clarify treatment goals and options
- Managing medications
- Managing symptoms, including psychosocial and spiritual symptoms
- Assist with making medical decisions



When a patient is near the end of life, palliative care focuses on helping that patient achieve the highest possible quality of life and help them control any physical and mental symptoms.

WHAT DOES PALLIATIVE CARE PROVIDE FOR THE PATIENT'S FAMILY



- Helps the family understand treatment plans
- Treatment of chronic illness comes in many forms, so it is important that the patient and family understand which treatment choice will match with their goals.
- Palliative care helps the individual and their families understand all possible treatment options and makes sure that all of the doctors involved know and understand what the patient wants.

WHAT DOES PALLIATIVE CARE PROVIDE FOR THE PATIENT'S FAMILY (CONT.)



- **Reduces stress**
- Having a sick loved one in the home can cause stress and strain to family members. However, when that someone is at ease and comfortable due to palliative care, it allows family members to reduce their concerns.
- A randomized clinical trial found that “introducing palliative care shortly after a cancer diagnosis results in better quality of life and fewer depression symptoms for family caregivers.”

APPROACHES TO PALLIATIVE CARE

A palliative care team delivers many forms of help to a patient suffering from a severe illness, including :

- Close communication with doctors.
- Expert management of pain and other symptoms.
- Guidance with difficult and complex treatment choices.
- Emotional and spiritual support for the patient and their family.



ASSESSING THE NEEDS OF PATIENTS AND THEIR FAMILIES



(ESAS)

- Edmonton Symptom Assessment Scale

(POS)

- The Palliative Outcome Score.

ID #: _____

Edmonton Symptom Assessment Scale (Numerical version)

Please circle the number that best describes how you felt during the last 24 hours:

No pain	0	1	2	3	4	5	6	7	8	9	10	Worst possible pain
Not tired	0	1	2	3	4	5	6	7	8	9	10	Worst possible tiredness
Not nauseated	0	1	2	3	4	5	6	7	8	9	10	Worst possible nausea
Not depressed	0	1	2	3	4	5	6	7	8	9	10	Worst possible depression
Not anxious	0	1	2	3	4	5	6	7	8	9	10	Worst possible anxiety
Not drowsy	0	1	2	3	4	5	6	7	8	9	10	Worst possible drowsiness
Best appetite	0	1	2	3	4	5	6	7	8	9	10	Worst possible appetite
Best feeling of wellbeing	0	1	2	3	4	5	6	7	8	9	10	Worst possible feeling of wellbeing
No shortness of breath	0	1	2	3	4	5	6	7	8	9	10	Worst possible shortness of breath
No abdominal discomfort/bloating	0	1	2	3	4	5	6	7	8	9	10	Worst possible abdominal discomfort/bloating
Able to move normally	0	1	2	3	4	5	6	7	8	9	10	Worst possible ability to move around normally

Time: _____

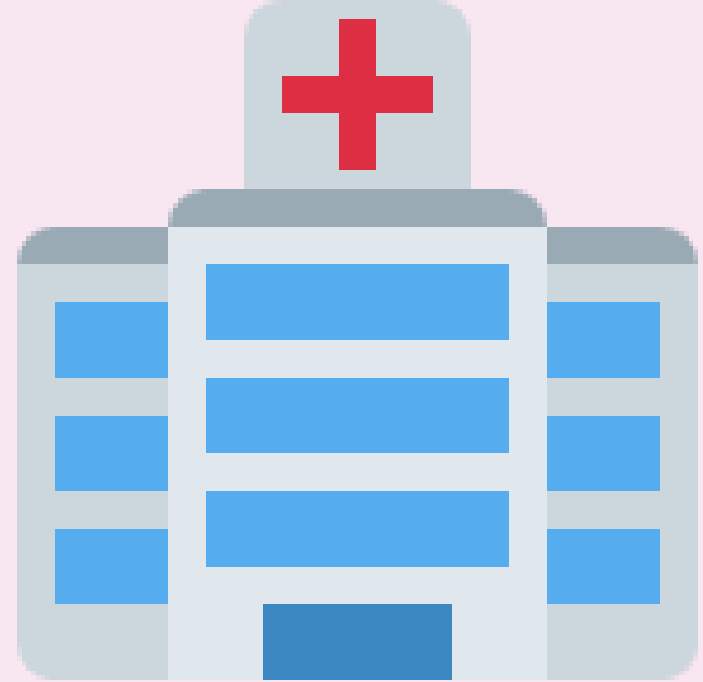
EDMONTON SYMPTOM ASSESSMENT SCALE (ESAS)

THE AFRICAN PALLIATIVE OUTCOME SCORE (APOS)

Figure 2: The APCA African POS

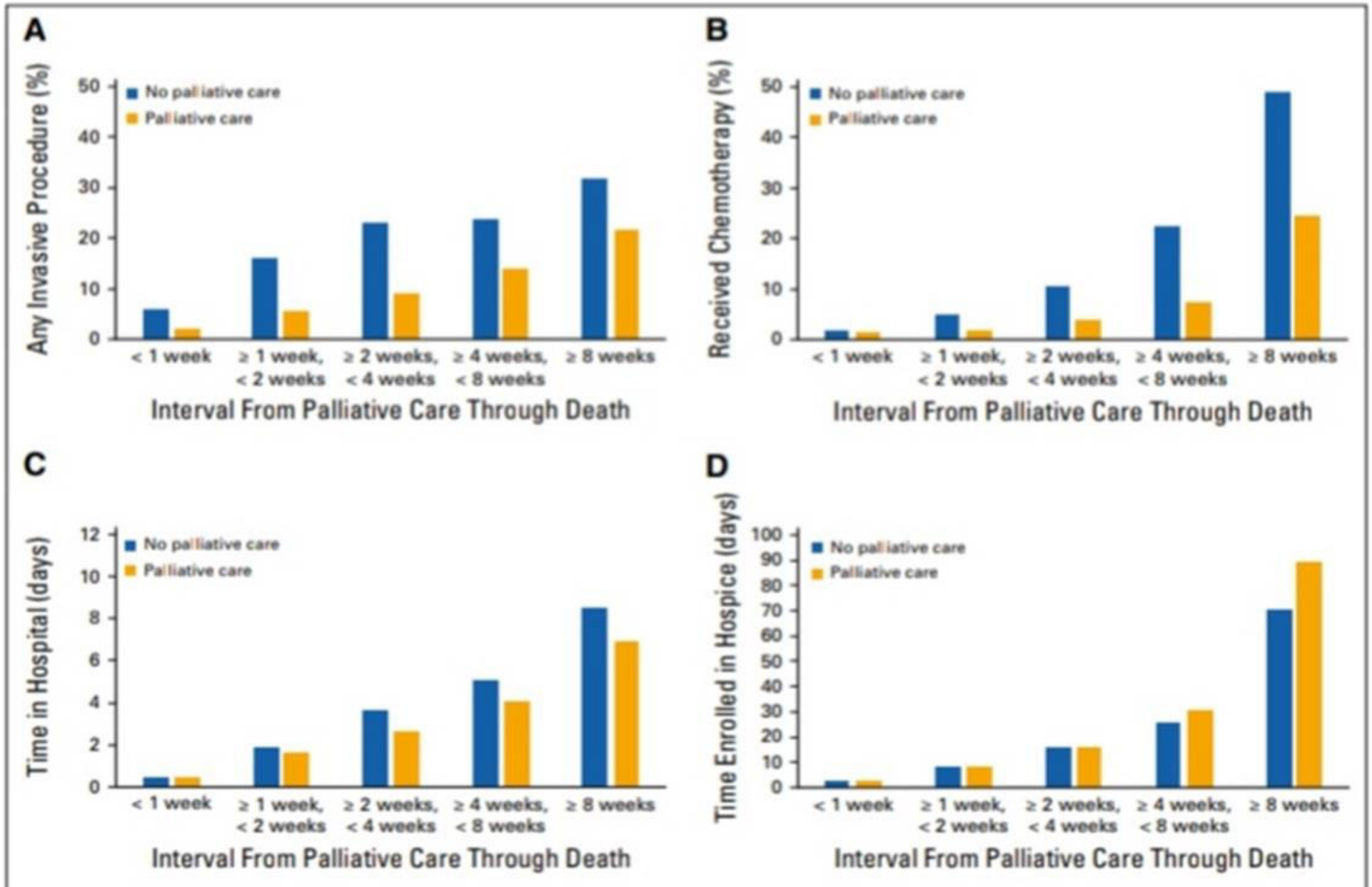
PATIENT NO. _____	POSSIBLE RESPONSES	Visit 1 DATE _____	Visit 2 DATE _____	Visit 3 DATE _____	Visit 4 DATE _____
ASK THE PATIENT					
Q1. Please rate your pain (from 0 = no pain to 5 = worst/overwhelming pain) during the last 3 days	0 (no pain) - 5 (worst/overwhelming pain)				
Q2. Have any other symptoms (e.g. nausea, coughing or constipation) been affecting how you feel in the last 3 days?	0 (not at all) - 5 (overwhelmingly)				
Q3. Have you been feeling worried about your illness in the past 3 days?	0 (not at all) - 5 (overwhelming worry)				
Q4. Over the past 3 days, have you been able to share how you are feeling with your family or friends?	0 (not at all) - 5 (yes, I've talked freely)				
Q5. Over the past 3 days have you felt that life was worthwhile?	0 (no, not at all) - 5 (Yes, all the time)				
Q6. Over the past 3 days, have you felt at peace?	0 (no, not at all) - 5 (Yes, all the time)				
Q7. Have you had enough help and advice for your family to plan for the future?	0 (not at all) - 5 (as much as wanted)				
ASK THE FAMILY CARER					
Q8. How much information have you and your family been given?	0 (none) - 5 (as much as wanted) N/A				
Q9. How confident does the family feel caring for ____?	0 (not at all) - 5 (very confident) N/A				
Q10. Has the family been feeling worried about the patient over the last 3 days?	0 (not at all) - 5 (severe worry) N/A				

WHERE TO FIND PALLIATIVE CARE?



- Hospitals
- Specialized clinics
- Hospice facilities
- Nursing homes
- Home of the patient or family member

EFFECTIVENESS OF PALLIATIVE CARE



THANK YOU!

