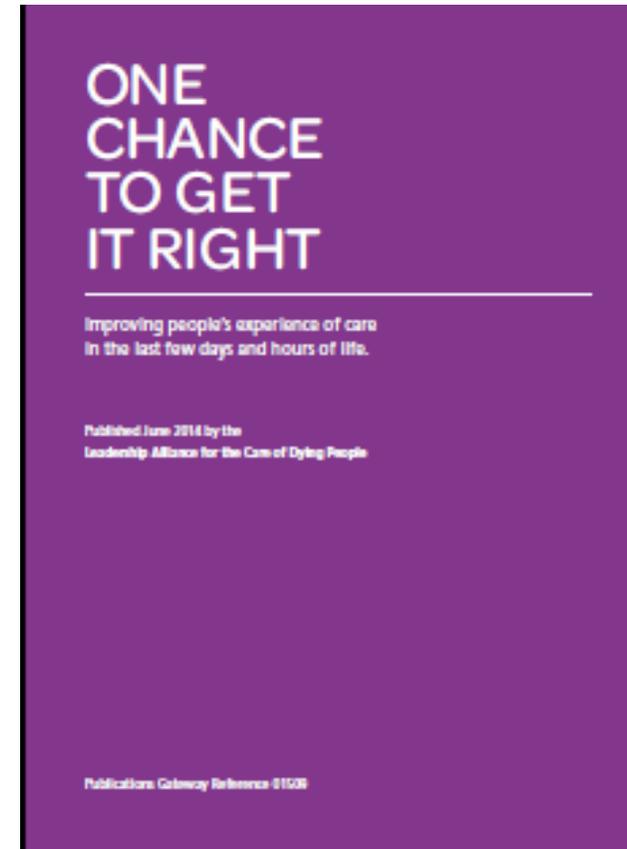


Palliative care

Being there from the beginning of the end....to the end.

Means never using the phrase – “there is nothing more we can do” – because even in the face of a patients death there is plenty we can and should do.

“You only get one chance to do it right”



“Bad” Death

- Futile treatments vs abandonment
- Poor preparation
- Lack of/Poor communication
- Poor symptom management
- Fear
- Lack of dignity
- Lack of control
- Familial distress or burden

Priorities of care for the imminently dying

1. this **possibility is recognized and communicated clearly**, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly.
2. **sensitive communication** takes place between staff and the dying person, and those identified as important to them.
3. the **dying person, and those identified as important to them, are involved in decisions about treatment** and care to the extent that the dying person wants.
4. the **needs of families** and others identified as important to the dying person are actively explored, respected and met as far as possible.
5. an **individual plan of care**, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

“Good Death”

- Pain free/Symptoms well managed
- Emotional well being
- Family support
- Dignity
- Life completion
- Quality of life
- Religiosity/Spirituality
- Treatment preferences
- Preferences for death met
- Relationship with healthcare providers
- Other :
 - cultural preferences
 - touch
 - pets
 - financial issues

What is Palliative care?

Palliative care is an approach that improves the **quality of life** of patients **and their families** facing the problem 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:

- 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 patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, 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