Palliative Care, Why and How?

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What is Happening in Modern Medicine?
Changing of disease pattern
What is Happening in Modern Medicine?

• Huge technological advances
• Runaway healthcare costs
• Medicine getting more impersonal
• Subspecialization on organ systems
• Quantity rather than quality of life
How People die?

People do not die in the places they wish or with the peace they desire.

Many die alone, in pain, terrified, mentally unaware, without dignity, or feeling alienated.
What are your most important characteristics of good death?

<table>
<thead>
<tr>
<th></th>
<th>Non-health care professionals (%)</th>
<th>Healthcare professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice over where I die</td>
<td>32</td>
<td>30</td>
</tr>
<tr>
<td>Choice over when I die</td>
<td>42</td>
<td>27</td>
</tr>
<tr>
<td>Choice over with whom I die</td>
<td>28</td>
<td>25</td>
</tr>
<tr>
<td>Freedom from unpleasant</td>
<td>80</td>
<td>77</td>
</tr>
<tr>
<td>symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where would you prefer to die?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home</td>
<td>67%</td>
<td>76%</td>
</tr>
<tr>
<td>Hospice</td>
<td>2%</td>
<td>6%</td>
</tr>
<tr>
<td>Hospital</td>
<td>2%</td>
<td>12%</td>
</tr>
<tr>
<td>No preference</td>
<td>23%</td>
<td>15%</td>
</tr>
</tbody>
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BMJ 2003
Patients’ wishes

Autonomy over the circumstances of their dying

Avoid powerlessness in decisions over medical treatments, including those that prolong life
Patient’s hopes

☐ At the time of diagnosis – Hope for cure

☐ At the time of remission – Hope to prolong life

☐ At the time of advanced disease –
  - Hope to be free of pain
  - Hope to be independent for as long as possible
  - Hope not to have to go back to hospital
  - Hope for a peaceful death
  - Hope that family will be supported emotionally and financially
What is a good death?
Factors Important for a Good Death

- Control of symptoms
- Preparation for death
- Opportunity for closure or “sense of completion” of the life
- Good relationship with health care professionals

Steinhausen et al
Palliative Care

“Palliative care is 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 1990
Palliative Care

Affirm life and regards dying as a normal process

Intends neither to hasten or postpone death

Provide relief from pain and other distressing symptoms
Palliative Care

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
Palliative Care

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
Palliative care is caring for the patient and family in a way that considers the needs and wishes of the whole person, not just the body and the disease.
Impeccable Assessment

Physical symptoms
Emotional state and coping
Family relationships
Social aspects
Financial situation
Spirituality
What is Team Approach to Care?

- Medical oncologist
- Palliative care physician
- Palliative care nurse
- Occupational/physiotherapist
- Medical social worker
- Religious counselor
- Volunteers
- Radiation oncologist
- Surgical oncologist
- Pain team
- Psychiatrist/psychologist
- Community support
Core Skills Required for Palliative Care

- Pain management
- Symptom management
- Good communication skills
- Management of families
- Care planning & liaison
- Grief & Bereavement support
- Work within an interdisciplinary team
Good Communication

- Reduces uncertainty
- Foster hope
- Enhances relationships
- Give patient and family a direction in which to move
Goals, Values, and Conflict Resolution
Goals of Palliative Care

Goals of palliative care is to provide proactive, comprehensive, and holistic care to patients whose disease process is not amenable to cure-oriented interventions.
Ethical Values in Palliative Care

- Beneficence – duty to promote well-being of patients
- Nonmaleficence – avoid causing harm to others
- Autonomy – respect autonomy of patients and moral rights of families
- Respect for life
- Respect for persons
Nature of Ethical Problems in Palliative Care

- Situation in which the decision makers are uncertain
- Dilemma about how to prioritize values
- Failure to obtain consent – violation of autonomy
- Failure to relieve pain – violation to beneficence
Death is not extinguishing the lamp. It is turning down the light because the dawn has come

Tagore