

Planning for living well



A Palliative Approach to Care.

www.coastalpalliativecare.ca



Living well, and identifying goals of care, is the essence of a palliative approach to care.

A Palliative Approach to care.

Talking about the end-of-life is not easy for most people. However, talking can help everyone better understand their medical condition, and the choices they have to make.

A palliative approach to care is given to residents with serious and life threatening illness. Early palliative care is preventative care as it may anticipate and prevent physical, psychological and spiritual suffering.

It is not limited to the last days or weeks of life. It is about planning for the journey ahead and focuses on living and improving a resident's level of comfort by offering appropriate treatment for any distressing symptom such as pain.

Is palliative care the same as hospice care?

Hospice and palliative care are similar as they both offer compassionate care to people with serious illnesses, however, Hospice is the care provided to people in the last weeks of life, when treatment is no longer curative.

Palliative care is offered when a resident has a life-limiting illness and the goal is to control uncomfortable symptoms and improve quality of life.

Both of these types of care are provided in the residential care setting by the health care teams that know the resident.

A Palliative Approach aims to:

- Allow residents the opportunity to live their best quality of life
- Present information sensitively so that residents can make informed decisions about the best treatment options for them
- Minimize symptoms such as pain and shortness of breath.
- Support families through conversation, professional advice and encouragement while respecting the confidentiality of residents.
- Respect the right of residents to refuse treatments.
- Offer treatments aimed at controlling disease which are still appropriate as goals of care.

A Palliative Approach to care is based on the following five principles of Palliative Care.

Some of these ideas may seem simple or just common sense, but all together, they give a more complete way to look at end-of-life care.

- 1. Palliative care respects the person's goals, dignity, values, and choices.*
- 2. Palliative care looks after the person's medical, emotional, social, cultural and spiritual needs.*
- 3. Palliative care helps gain access to needed health care providers and appropriate care settings.*
- 4. Palliative care builds ways to provide excellent care at the end of life.*
- 5. Palliative care supports the needs of family members and offers access to bereavement services.*

Decisions about health care

Decisions about health care are often based on a person's values or beliefs. For example, some people may want to live as long as possible and do whatever it takes, while other people may feel it is a burden to have tests and treatment that may not help and may wish to focus on therapies that give them quality of life.

The best person to decide what care is needed is the person who is requiring care. However, if a resident cannot express their wishes or their preferences, the person who knows them best can speak for them. He or she is called a substitute decision maker. Making decisions about care for close family members can be extremely difficult as many people feel an overwhelming burden of responsibility to do the right thing, often based on their own values and beliefs, and the fear of losing the person.

A good question to ask is "if the person could speak for themselves right now, what would they wish for?"

Why have I, or my family member, been identified as appropriate for a Palliative approach to care?

Early planning for the end of life helps us to give care. A Palliative Approach is triggered by a resident's medical condition. Other factors taken into consideration may include a person's age, the number of diagnoses he or she has, prognosis, and how often he or she has been sent to acute care for treatment over the past 12 months.

Residential Care now has access to many resources and support through the Daisy Program and partnership with Palliative Care programs. This added support will help make sure the end of a person's life will be comfortable and he or she will be able to stay in the residential home at the end of life .

What happens once a resident has been identified as benefitting from a Palliative Approach?

Having a conversation is always a good place to start, and talking about how the resident would like to be cared for at the end of their life is important. We will always talk to the resident whenever possible, or their nominated substitute decision maker.

We will organise a meeting and ask that one person represents and speaks on behalf of the resident, and the family, if the resident cannot speak for him, or her, self. This ensures a consistent approach that meets the values and wishes of the resident.

The healthcare team will develop a care plan and regularly review the resident's needs and allocate resources as required.

The team will be available to assist the resident, and their family, in any way that they feel is needed and liaise with other programs as appropriate, such as Spiritual Care.

Suggested web sites & reading materials

BC Hospice Palliative Care Association

<http://www.hospicebc.org>

Advance directives and care planning

<http://www.health.gov.bc.ca/hcc/advance-care-planning.html>

Coastal Palliative Care

www.coastalpalliativecare.ca

Canadian Hospice Palliative Care Association

<http://www.chpca.net>

Books

Final Gifts (Maggie Callanan)

Being Mortal – (Atul Gawande)

What Dying People Want (David Kuhl)

For more copies, go online at <http://vch.eduhealth.ca> or
email pchem@vch.ca and quote Catalogue No. GV.120.R47

© Vancouver Coastal Health, February 2016

The information in this document is intended solely for the
person to whom it was given by the health care team.

www.vch.ca