

PALLIATIVE CARE: PROVIDING EXCELLENT PATIENT-CENTERED CARE WHEN MOST NEEDED

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.” (World Health Organization)

What Does Palliative Care Do?

- Addresses suffering (physical, psychological, spiritual/existential)
- Improves quality of life by:
 - ~Assessing/managing pain and other symptoms
 - ~Providing a team approach to care
 - ~Allowing patient/family to decide what **THEIR** goals of care are (not the healthcare team)
- Promotes excellent communication, so patient and family can make good decisions about care

How Does Palliative Care Differ From Hospice?

Hospice	Palliative Care
~Patient considered “terminal with less than 6 months to live.	~Ideally begins at the time of diagnosis of a serious illness.
~Patient/family chooses not to receive aggressive, curative care.	~No life expectancy requirement.
~Focuses on “care” versus “cure.”	~Can be used to complement curative care
~Expenses are covered by Medicare, Medicaid, and most private health insurers.	~Expenses are covered by philanthropy, fee-for-service, direct hospital support. For pediatric patients, through the mandates from the Affordable Care Act.

Palliative Care is Committed To:

- Providing interdisciplinary care, with access to nurses, physicians, social workers, chaplains, pharmacists, etc—all working together to improve your care, according to your goals.
- Promoting your family as the unit of care (not the healthcare professionals)
- Respecting your culture
- Providing care in whatever clinical setting you are in (e.g. hospital, nursing home, clinic, homecare, etc)
- Orchestrating care for all types of serious, life-threatening illness—not just cancer.
- Caring for you as a whole—not just physically, but also psychologically, socially, and spiritually.

Frequently Asked Questions about Palliative Care

Q: How do I know if I need Palliative Care?

A: You may have needs that include:

- Symptom management (e.g. pain, nausea, vomiting, anxiety, fatigue, etc)
- Assistance with making difficult medical decisions
- Spiritual issues
- Assistance in addressing practical needs for both patients and their families
- If death is imminent, obtain information on how to maximize opportunities for personal growth (e.g. saying “I love you,” “I forgive you,” “I will miss you,” etc)
- Desire for bereavement care for family members

Q: Can I keep my primary healthcare provider (HCP) if I choose to have palliative care?

A: Yes. Palliative care is not an “add on” to your care, but rather it complements the care you already are receiving from your HCP. Just as your HCP would not hesitate contacting a cardiologist if you had heart problems, so they would contact palliative care to assist with other issues related to your illness.

Q: Is there research that supports palliative care?

A: Yes. Several studies have shown patients with palliative care, compared to those receiving non-palliative care have:

- Better quality of life
- Fewer reports of depression
- Increase survival rate

Q: How do I talk with my HCP if I want palliative care?

A: Sometimes, your HCP is reluctant to offer palliative care, as they believe it means they are “giving up.”

- Let your HCP know that you want a palliative care consult—specifically stating what your needs are (worsening pain and other symptoms, spiritual, emotional issues, etc).
- Refer to your goals/plan of care
- Ask for a second opinion, if needed.

Helpful Resources:

~Aging With Dignity—5 Wishes

<http://www.agingwithdignity.org/five-wishes.php>

~Next Step in Care: *Family Caregiver’s Guide to Hospice and Palliative Care*

<http://www.nextstepincare.org/uploads/File/Guides/Hospice/hospice.pdf>

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