

5 Things you Should Know About Palliative Care

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Palliative care is one of those subjects, like estate planning, that most of us would rather ignore. Don't. You could need it one day or find yourself on a team providing it to a loved one.

This specialized form of care is meant to improve the quality of life for those with complex and life-threatening illnesses, while reducing the suffering of patients and families alike. Treatment addresses not only a patient's physical condition, but psychosocial and spiritual needs as well. Here are five things you should know about palliative care, a vital subject that too often gets relegated to the corners of our lives.

1. It's not about death!

For most people, dying is a gradual process, the result of a chronic illness like cancer or heart disease, or simply old age. A palliative care approach to care can last for years, relieving suffering at every point from diagnosis to death. That means managing both the symptoms of disease and side effects of treatments such as pain, nausea and depression. It focuses on providing comfort and "quality of life" rather than a cure and "length of life."

2. It heals body and soul

Complex illnesses affect not just the body but the mind as well. Both get relief with palliative care. Medications and other therapies are deployed to improve a patient's quality of life. In this "whole-person" approach to treatment, maintaining a patient's dignity, resilience and spiritual needs are equally high on the to-do list. Patients do activities that bring them joy; they also may work on their legacy – donating to favorite causes or participating in medical trials. With expert help, patients may examine their religious beliefs and values or gain a better sense of acceptance about their situation. Professional team members keep family and friends closely in the loop.

3. It takes a village

"If you want to travel quickly, go alone. But if you want to travel far, you must go together." This African proverb describes to a 'T' the philosophy of palliative care. Physicians, nurses, social workers, psychiatrists, spiritual counselors, clinical pharmacists, Continuing Care Assistants and others form the backbone of this process. Team members coordinate care and share patient details. A social worker, for example, will inform physicians and nurses about a patient's previously undetected emotional or spiritual distress to provide further help.

4. It works

In 10 studies examining patient and/or family caregiver satisfaction, seven reported participants' greater satisfaction with palliative care intervention than without it, according to an analysis published in the May/June 2016 issue of the Journal of Supportive

Oncology. Patients felt more respected and believed they received more attention from their physicians. Families were more satisfied with the quality of patient care and symptom control.

5. It means more, not less, support

Palliative care patients often are told by worried family members that accepting this care amounts to “giving up.” The opposite is true. Patients actually have more control over their care, including decisions to accept or reject aggressive treatments. They aren’t giving up anything; they’re accepting an additional layer of support.

Whether we are healthy or sick, quality of life is what most of us desire. Ill patients faced with difficult medical decisions, pain and a slumping spirit have in palliative care a toolbox of options to bring relief and comfort.

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