

## What is Palliative care?

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### ABSTRACT

Palliative care is comprehensive treatment of the discomfort, symptoms and stress of serious illnesses, whatever the diagnosis. It works with a patient's main treatment and can be given along with all other medical care. It may be started as soon as other care begins and can last during the whole illness. The main goal of palliative is to improve the quality of life

Palliative care is not just for people who might die soon. It's appropriate for people with diseases such as cancer, heart failure, chronic obstructive pulmonary disease (COPD), cystic fibrosis, HIV and AIDS, and Parkinson's disease.

Palliative care can be provided any setting such as hospitals, nursing homes, outpatient palliative care clinics, other specialized clinics, or at home. All Veterans Health Administration hospitals now have a palliative care program.

**Keywords:** Hospitals, Nursing homes, Outpatient palliative care.

### What are the benefits of palliative care?

- The ability to fully complete treatment
- Improved quality of life during treatment
- Increased ability to perform daily activities
- Living longer
- Improved ability to deal with emotions
- Increased connections to social support
- Fewer hospitalizations.

What are the goals of palliative care? Relieve pain and other sources of suffering. Enhance the quality of life. Integrate psychological and spiritual components of care with medical care. Approach the dying process as normal part of life. Offer emotional support to the patient, family, and caregivers. Use an interdisciplinary team such as social work, nursing, and chaplain approach to meet patient and family needs. Help loved ones cope with the process of anticipatory grief.

### Not Hospice Care

Palliative care is often confused with hospice care, which is provided for people who have a terminal diagnosis. Palliative care

can be provided at any time during a cancer diagnosis, not just at end of life.

In Fact, many people wait too long to bring in palliative care. It's often much better to start this kind of treatment as early as possible.

### Health Care Blogs on Oct. 2015. Good News:

The steady growth in the number of hospital palliative care programs has resulted in near universal access to this kind of care in hospitals with more than 300 beds; (90%) of these hospitals have it. In (87%) of U.S. teaching and (96%) of medical-school-associated hospitals, it is also available. Even hospitals with far fewer beds provided it. At the end of 2014, (67%) of US hospitals with more than 50 beds provided palliative care services, up from (15%) in 1998, and (53%) in 2006.

### Health Care Blogs on Oct 2015. Bad News:

However, disparities in access to palliative care have persisted since 1998.

Hospitals in the East South Central (42%) and West South Central (43%) parts of the US are markedly less likely to have a palliative care program as compared to New England (88%), Pacific (77%) and Mid-Atlantic (77%) states. Hospital ownership

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Received: December 08, 2020; Accepted: December 11, 2020; Published: December 17, 2020

Citation: Virginia L (2020) What is Palliative care?. J Prob Health. 7:215. DOI: 10.35248/2329-8901.19.7.215

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is also a strong predictor of access to palliative care. Not for profit (77%) and public (56%) hospitals are significantly more likely than for profit (23%) hospitals to have palliative care programs.

#### What is hospice?

Though it was founded in 1967 by Dame Cicely Saunders, a Canadian trained physician, Dr. Balfour Mount was probably the first person to use the term “palliative care”.

Hospice care in America formally began 40 years ago, when Florence Wald, Dean of Yale’s School of Nursing, joined forces with two physicians and a chaplain to found the inaugural hospice in Branford, Connecticut

To qualify for hospice care under Medicare, a patient must have a life expectancy of six months or less, certified by two physicians. In addition, the patient needs to agree to forego insurance coverage for medical care focused on a cure or prolongation of life.

This service is available to people who are terminally ill with any disease. Medicare Advantage insurers might have different rules for hospice care. Up to 70 percent of Americans say they want to die at home, in reality, 70% to 80% die in hospitals or other health care facilities.

#### What are the benefits of hospice?

- Hospice residents are likely to have pain under controlled and less likely to undergo unnecessary tests or be given medicines they don’t need than people who don’t use hospice care Families of those who received hospice care are more satisfied during end of life than those without hospice care services.

#### What was a role of palliative social worker?

- Provide palliative support. Assist in financial assistance in title 19/Medicaid planning. Assist in conservatorships process with elder law attorneys Education in advance care planning in living wills and health care proxy. Living will is a document that communicates a person’s wishes either to forego artificial, heroic, or extraordinary means of life support, should he or she conditions be terminal. Health Care Proxy is the act of authorizing or appointing a health care agent to make decisions, A person has greater assurance her wishes will be honored. It’s important especially for those who have Alzheimer’s disease. These documents are activated only when the patient is incapacitated.

#### What was a role of hospice social worker?

- Bereavement support group Mindfulness therapy for stress management for families Education in preparing anticipatory death and how to keep memories alive such as stay connected with informal rituals, plan cemetery visits, make a family mural, make a memory quilt, make a memory scrapbook, make a memory journal, memory box, prepare a commemorative meal, donating money in honor of loved

one, Reading passages from the Bible , listening to loved one’s favorite music, looking through pictures, keeping an empty chair at the table, writing poem & share stories, Education in advanced care planning through living wills and health care proxy. Collaborate with Physicians, nurses, volunteers’ coordinator, massage therapist, chaplains, and other discipline in care plans. Provide Naomi Feil’s Validation Therapy. Validation technique incorporates verbal and nonverbal ways of connecting with patients using empathy and respect to build trust Compassionate touch for terminal patients for comfort, and presence. Education on symptoms and signs as death approaches the dying process such as loss of bladder or bowel control; breathing patterns which may become slower, and skin color that becomes bluish in color or cooler as it slows down. . withdrawal from friends and family, sleep changes, hard to control pain, increasing weakness, appetite changes, and less awareness Life review therapy in reminiscing about childhood and adolescence, young adulthood, adulthood , and later life Psycho education on different stages of grief, discern complex bereavement, traumatic grief and healthy grief. Create rituals, assess resources for support, and create safety to mourn and not to mourn. Recognizing Rando’s 6” R “s” of grieving (Therese Rando, PhD); recognize the loss, react to the separation; recollect and re-experience the deceased; relinquish old attachments to the deceased; readjust to the new world without forgetting the old; and reinvest. Financial assistance in title 19/Medicaid planning

#### Resources for finding professional grief counseling

American Association for Marriage and Family therapy 703 838 9808 [www.therapistlocator.net](http://www.therapistlocator.net)

American Psychological Association 800 964 2000 [www.apahelpcenter.org](http://www.apahelpcenter.org)

National Association of Social Workers 800 638 8799 [www.socialworkers.org](http://www.socialworkers.org)

#### Resources for Palliative and Hospice Care

Center to Advance Palliative Care, general information about easing the pain and management of late stage life, plus a provider directory: [getpalliativecare.org](http://getpalliativecare.org)

National Hospice and Palliative Care organization, directive and information about end-of-life hospice and late-stage palliative care: [caringinfo.org](http://caringinfo.org), 800 658-8898

The Conversation Project, advocates for end-of-life planning. [The conversationproject.org](http://theconversationproject.org)

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