

## **Palliative Care & Hospice**

### **Definition:**

Palliative care was defined as "the active total care of patients whose disease is not responsive to curative treatment, including control of pain, other symptoms, and psychological, social, and spiritual problems" in a 1990 report on end of life care by the World Health Organization (WHO).

A more recent WHO statement calls palliative care "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness."

The term, though initially associated with terminal care of cancer patients is, however, increasingly used with regard to life-threatening diseases other than cancer, such as chronic, progressive pulmonary disorders, end stage renal disease, chronic heart failure or progressive neurological conditions (such as motor neurone disease).

There is often substantial confusion between the terms hospice and palliative care. Palliative care services may be delivered by a hospice or as part of hospice services; however, hospice care is specifically geared toward the very end of life within a specific model of care. In the United States, hospice care is limited exclusively to the last six months of a patient's life due to reimbursement methods. Palliative care, alternatively, may be delivered at any point during an illness.

### **Principles:**

Palliative care neither aims to hasten nor postpone dying.

It is characterized by concern for symptom relief, as well as promotion of general well-being and spiritual, psychological and social comfort for the person with a life-threatening or life-limiting illness. The recognition of the need to maintain quality of life has become increasingly important, not just in the dying stages, but also in the weeks, months and years before death, and over an extended period of time.

Services are provided both to the patient and family, with emphasis placed upon the well-being of family caregivers and the patient. In addition, palliative care is no longer restricted to adults and many teams and hospices now exist for children of any age.

## **]Goals:**

While palliative care may seem to offer an incredibly broad range of services, the goals of palliative treatment are extremely concrete: relief from pain and other distressing symptoms, psychological and spiritual care, a support system to help the individual "live as actively as possible in the face of impending death," and a support system to sustain the individual's family both during the course of the illness and during bereavement.

## **Hospice:**

The modern hospice is a relatively recent concept that originated and gained momentum in the United Kingdom after the founding of St. Christopher's Hospice in 1967. Dr. Cicely Saunders is regarded as the founder of the hospice movement. Since its beginning, the hospice movement has grown dramatically.

## **Palliative /hospice care team:**

In most countries, hospice and palliative care is provided by an interdisciplinary team consisting of physicians, registered nurses, hospice chaplains, social workers, physiotherapists, occupational therapists, complimentary therapists, volunteers and, most importantly, the family. The focus of the team is to optimize the patient's comfort. Additional members of the team are likely to include home health care aides, volunteers from the community (largely untrained but some being skilled medical personnel as well), and housekeepers.

## **Services:**

In the UK palliative care services offer inpatient care, home care, day care, outpatients and work in close partnership with mainstream services. Hospices often house a full range of services and professionals. Both children's and adult services exist.

Opportunities for caregiver respite are some of the services hospices provide to promote caregiver well being. Respite may be for several hours or up to several days (the latter being done usually by placing the patient in a nursing home or in-patient hospice unit for several days). Because palliative care sees an increasingly wide range of conditions in patients at varying stages of their illness, it follows that palliative care teams offer a wide range of care. This may range from managing the physical symptoms in patients receiving active treatment for cancer, through treating depression in patients with advanced disease, to the care of patients in their last days and hours. Much of the work involves helping patients with complex or severe physical, psychological, social and spiritual problems. In the UK over half of patients are improved sufficiently to return home. If a patient dies, it is common for most hospice organizations to offer bereavement counseling to the patient's partner or family.