

Flexing Your Core – Domain 1 Principles of Palliative Care & Palliative Approach

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1. What are some care settings where you would care for someone with a life-limiting illness?

- Home, long term care, GP practice, intensive care, ambulatory care, hospice, medical and/or surgical unit, emergency unit

2. Name some of the ways in which health care providers are responsible for providing a palliative approach for someone with a life-limiting illness.

- Assessing illness understanding, prognosis and goals of care
- Symptom management, answering questions about the end of life, aligning care to patient's goals
- Disease control
- Asking patients what their understanding of their illness is
- Advocate for patient and caregivers
- Bereavement care
- Supporting family members with logistics, paperwork and emotional support
- Ensuring time and space for important decision-making
- Serious Illness Conversation and ACP
- Comfort, compassion and listening unconditionally
- Team approach with family, patient and care team
- Spiritual/existential care
- Staff themselves reflect on what palliative means to them

3. How do you know when to start using a palliative approach?

- At diagnosis of life limiting illness, or when you can answer the surprise question
- No time like the present
- I really like the language 'life-limiting' so that might be where I start
- Change in medical status, complications

Case Study:

Meet Mary. She is a 62-year-old woman on the acute medical unit admitted with increasing pain and shortness of breath. She has recently been diagnosed with lung cancer and is going for radiation treatment. Mary says her main goal is to spend time with her grandchildren and husband at home. But, due to increased pain and shortness of breath, she has not been able to.

Case Study Questions & Discussion summary:

1. In supporting Mary from a palliative approach what are some ways we might participate in her care in relation to these 4 goals: 1) Decreasing suffering/increasing quality of life, 2) Implementing holistic care, 3) Providing person and family-centered care, 4) Providing team-based care
 - Manage pain & symptoms
 - Understand her new base line
 - What's Mary's understanding of her illness
 - Asking what could end of life look like for her?
 - Suffering – care team can experience moral distress seeing patient in pain, pain and suffering can mean different things for patients
 - Goal to be a home – make sure she was home care, home set up is suitable and any modifications needed for home
 - Goal to spend time with family – while she is in the hospital are their opportunities for them to visit her there
 - Check in with husband and see how he is doing
 - Comfort care – asking if she wants to be clear-minded or have pain medication
 - Advance Care Planning – what's important for her in remaining days/weeks, discuss after death type of arrangements