



Flexing Your Core: the Palliative Workout ECHO

The Basics of a Palliative Approach

January 15th, 2026

AGENDA ITEM	NOTES
Introductions, Objectives	Session Facilitators: Alixandria Baxandall, Island Health & Sue Bartnik, BScN, BC-CPC
Session Key Points and discussion	<p><u>Overview</u></p> <p>Defining palliative care and palliative approach</p> <ul style="list-style-type: none"> Defined palliative care as improving quality of life for people with life-limiting illnesses, focusing on the person and family as the center of care. Explained that in BC, palliative care is often described as care within the last 6 months of someone's life. Described a palliative approach as adopting key elements from palliative care and introducing them "upstream" at diagnosis, running alongside medical, surgical, or rehabilitation care. <p>Conclusion</p> <ul style="list-style-type: none"> Palliative care focuses on living well rather than dying. A palliative approach can be implemented earlier in the disease trajectory. Early implementation of a palliative approach can lead to better quality of life and improved grief outcomes for families. <p>Myths about palliative care</p> <p>Common misconceptions about palliative care were addressed</p> <ul style="list-style-type: none"> Listed myths including "palliative care is only for the last days or weeks of life," "palliative care means I'm dying," "it starts when there is no further active treatment," "it means I'm giving up," and "it means I'm doped up on morphine until death". Explained that palliative care can start at diagnosis and focuses on improving quality of life. Clarified that palliative care can run alongside active treatment and is not about giving up. <p>Conclusion</p> <ul style="list-style-type: none"> Palliative care is about improving living, not focusing on dying. Medications in palliative care are used effectively to manage symptoms, not to sedate patients unnecessarily. Early palliative care can lead to longer periods of quality life.



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	<p>Illness trajectories and the surprise question</p> <p>Discussion on different illness trajectories and how to identify when a palliative approach might be beneficial.</p> <ul style="list-style-type: none"> • Described three common illness trajectories: cancer (steady state followed by rapid decline), organ failure (roller coaster pattern with exacerbations), and frailty/dementia (gradual decline) • Introduced the "surprise question": "Would I be surprised if this person died within the next year?" • Emphasized that the surprise question is not meant for prognosis but to help identify when to incorporate palliative practices <p>Conclusion</p> <ul style="list-style-type: none"> • Different conditions follow different patterns of decline, affecting how care is planned • The surprise question can help healthcare providers identify when to introduce a palliative approach • It's possible to "walk two paths" - pursuing curative treatment while also implementing a palliative approach <p>Four key elements of a palliative approach</p> <p>Four key elements of a palliative approach to care were outlined</p> <ul style="list-style-type: none"> • The four elements discussed: decreasing suffering/increasing quality of life, holistic care, person and family-centered care, and team-based care • Explained that decreasing suffering and increasing quality of life are foundational goals • Described holistic care as looking at the whole person, including physical, psychosocial, practical, and spiritual aspects • Clarified that spirituality extends beyond religion to include what brings a person joy, meaning, and purpose • It was also mentioned that team-based care involves checking in with colleagues and determining who is best positioned to support specific care needs <p>Conclusion</p> <ul style="list-style-type: none"> • A palliative approach requires attention to all four elements • These elements are interconnected and should be revisited as a person's condition changes • Effective communication within the team is essential for providing comprehensive care
<p>Case Study</p>	<p>Case study discussion: Mary</p> <p>The group discussed how to apply a palliative approach to a case study about Mary, a 62-year-old woman with lung cancer.</p> <ul style="list-style-type: none"> • Presented the case of Mary, who was admitted to an acute medical unit with increasing pain and shortness of breath, recently diagnosed with lung cancer, and whose main goal was to spend time with her grandchildren and husband at home. • Participants suggested pain management would be useful and also suggested asking Mary about her needs, providing education on pain management at home, increasing home support, and understanding how symptoms are barriers to her goals.



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	<ul style="list-style-type: none">• The presenter noted the importance of understanding trade-offs between treatments and quality time with family.• Another participant emphasized setting realistic expectations about care options and limitations. <p>Conclusion</p> <ul style="list-style-type: none">• Person-centered care requires understanding Mary's goals and barriers to achieving them.• A holistic approach would address physical symptoms while considering family dynamics and home environment• Team-based care would involve determining which professionals could best support Mary's needs <p>Communication approaches</p> <p>The SPIKES framework for difficult conversations was shared</p> <ul style="list-style-type: none">• Described SPIKES as Setting, Perception, Invitation, Knowledge, Emotion, Strategy.• Explained each component: creating the right setting, understanding the patient's perception, inviting them to determine how much information they want, providing knowledge plainly, acknowledging emotions, and strategizing options.• Emphasized the importance of giving patients choices to empower them.• It was mentioned that the "wish, worry, wonder" approach would be covered in a future session. <p>Conclusion</p> <ul style="list-style-type: none">• Structured communication frameworks can help healthcare providers navigate difficult conversations.• Giving patients choices is empowering, especially when they're losing control in other areas.• Different approaches may work better for different providers or situations.
Next session info	<ul style="list-style-type: none">➤ Next Flexing Your Core ECHO Session: <i>Cultural Safety & Humility Practices</i>. Register here!➤ Other upcoming ECHO sessions listed here