

## PALLIATIVE CARE PRINCIPLES TRANSLATED TO CLINICAL HOSPITAL PRACTICE – SHORT REVIEW

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### ABSTRACT

The concept of Palliative Care is more and more known in medicine and the need for this type of approach is growing in a world with great longevity and exponentially increasing chronic diseases. In this sense it may be necessary to recapitulate the most important principles that govern medical practice of palliation, emphasizing some important aspects of applicability in daily clinical activity.

**KEYWORDS:** Palliative care principles, clinical practice, holistic assessment.

### INTRODUCTION

Specialist palliative care is more than end of life care. Palliative care (PC) is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.<sup>[1]</sup>

Palliative care must be available and accessible to all, wherever and whenever they need it.

In healthcare, most researchers and clinicians agree that quality of life (QOL) is related to symptoms, functioning, psychological and social wellbeing, and probably to a lesser extent to meaning and fulfilment. This multidimensional health-oriented concept has been named health-related quality of life (HRQOL). However, during end-of-life care spirituality and existential issues become more prominent, as well as family members' perception of quality of care.<sup>[2]</sup>

### PALLIATIVE CARE PRINCIPLES- DESCRIPTION, MEANING, PRACTICAL APPLICATION

Palliative care offers much to patients with advanced illness and to their families. For some patients this is the main approach in their care. Allowing patients time to tell their story with active listening, acknowledgement of suffering and a compassionate presence leads to

treatment 'success' that is not defined by cure. This patient-centred, rather than disease-centred approach, is the essence of PC, and one that is easily incorporated into emergency practice. PC and disease-specific treatments can comfortably coexist, and with meticulous symptom management, may actually prolong life or atleast increase the quality.

Palliative care principles are the main core of this practice and comprehend the very nature of practicing good clinical guideline medicine.

The principles of palliative care might simply be regarded as those of good clinical practice. A holistic approach, incorporating the whole spectrum of care – medical, nursing, psychological, social, cultural, and spiritual– is good medical practice, whatever the patient's illness, wherever the patient is under care, whatever his/her social status, creed, culture, or education. In palliative care, it is essential.<sup>[3]</sup>

Below we list some of the most important palliative care principles (adapted after the official website of International Association for Hospice & Palliative Care - IAHP- [www.hospicecare.com/home/](http://www.hospicecare.com/home/)) and also describe some practical approaches in clinical wards.<sup>[3]</sup>

#### 1. A caring attitude

This principle involves sensitivity, empathy and compassion, demonstrating concern for the individual human being that is treated. The caregiver must show

concern for all aspects of a patient's suffering, not just the medical, nursing or social work problems, but instead a holistic approach in which, as a team, all of the above will be addressed. A non-judgmental approach is needed so that there will be no personality, intellect, ethnic origin, religious belief or any prejudices in the fact of the delivering optimal care.

## 2. Consideration of individuality

Every patient is unique, every disease is different, so the practice of categorizing patients by their underlying disease, based on the similarity of the medical problems encountered fails to recognize the psychosocial features and problems that make every patient a one of a kind individual. These unique characteristics can greatly influence suffering and need to be considered when planning the palliative care for individual patients. It is important to identify syndromes and to categorise symptoms or treatments but is dangerous to generalize.

## 3. Caregiver support

The patient's family or relatives can be subject to considerable emotional and physical distress, especially if the patient is being managed at home or is in his/her final moments of life. A particular attention must be paid to their needs also as the success/failure of palliative care depend on the caregivers' ability to cope.

## 4. Cultural considerations

Different ethnic, racial, religious or cultural factors may have a profound effect on a patient's suffering, so cultural differences are to be respected and treatment planned in a culturally sensitive manner.

## 5. Consent

In clinical practice, the consent of a patient or those to whom the responsibility is delegated, is necessary before any treatment is given or withdrawn. Most patients want shared decision making although physicians tend to underestimate this, being biased by the scientific or guideline data.

An assessment of what treatment/medication is appropriate must be discussed with the patient.

In most instances, an adequately informed patient will accept the recommendations made if they have been explained in non-medical jargon.

## 6. Choice of site of care

The patient and proxies need to be included in any discussion about the site of care. Patients with a terminal illness should be managed at home whenever possible though in the developed world few do so, most dying in hospitals or hospices.

## 7. Communication

A good communication link between all the health care professionals involved in a patient's care is essential and fundamental to many aspects of palliative care. There is

strong evidence that such communications are less than optimal because the lack of time, training, facilities or other subjective reasons. The team caring these patients must be trained and must have at least basic communication skills, although it would be desirable to know at least some standardized communication protocols, such as SPIKES model.<sup>[4]</sup>

No one likes give bad news, but in health care it's often part of the job. SPIKES is a simple mnemonic for delivering bad news, with the abbreviation standing for stands for

**S – Setting**

**P – Perception/Perspective**

**I – Invitation**

**K – Knowledge**

**E – Empathy/Emotion**

**S – Summary/Strategy**

## 8. Clinical context: appropriate treatment delivered by a team of specialists

All (palliative) treatments should be appropriate to the stage of the patient's disease and the prognosis, so over-enthusiastic or invasive investigations, inappropriate therapy and patient neglecting are undesirable.

Palliative care has been accused of the medicalisation of death and care must be taken to balance technical interventions with a humanistic orientation to dying patients. This is where a team approach is essential, each member of the team being able to see different aspects of the patient's suffering, personality, and needs.

The prescription of appropriate treatment is particularly important in palliative care because of the unnecessary additional suffering that may be caused by inappropriately active therapy or by lack of treatment. When palliative care includes active therapy for the underlying disease, limits should be observed, appropriate to the patient's condition and prognosis and expressed wishes which may be different from those of the clinicians. It is not ethical to give futile treatment just to justify medical approach.

Where only symptomatic and supportive palliative measures are employed, all efforts are directed at the relief of suffering and the quality of life, and not at the prolongation of life, this being, in fact, another definition of Palliative care.

## 9. Comprehensive interprofessional care

The provision of total or comprehensive care for all aspects of a patient's suffering requires an interdisciplinary team : medical doctor, nurse, social assistant, priest, psychologist, kineotherapist and so on.

## 10. Coordinated excellence care

Palliative care should deliver the best possible medical, nursing and allied health care that is available and appropriate. The care must involve the effective

organization of the work of the members of the professional team to provide maximal support and care to the patient and family. Care planning meetings, to which all members of the team can contribute, and at which the views of the patient and the family are presented, are essential to develop a plan of care for each individual patient.

### 11. Continuity and consistent medical care

It is important to provide the provision of continuous symptomatic and supportive care from the time the patient is first referred until death, this being in fact basic to the aims of palliative care.

Problems can arise when patients are moved from one place of care to another and ensuring continuity of all aspects of care is most important. Consistent medical management requires that an overall plan of care will be established at first visit and this plan will be regularly reviewed for each patient, periodically. This will reduce the likelihood of sudden or unexpected alterations which can be distressing for the patient and family and may lessen the chance of crises or medical emergencies.

### 12. Crisis prevention

A good palliative care involves careful planning to prevent the physical and emotional crises that occur with progressive disease. Since many of the clinical problems can be anticipated, some can be prevented by appropriate management. Patients and their families should be forewarned of likely problems and contingency plans can be made to minimize physical and emotional distress.

### 13. Continued reassessment

This item is a necessity for all patients with advanced disease for whom increasing and new clinical problems are to be expected. This applies as much to psycho-social issues as it does to pain and other physical symptoms - dyspnea, nausea, delirium. Without periodic evaluation, we will lose control of the symptoms and the quality of life of the patients will decrease.

### 14. Advance Care Planning

Advance care planning is a means for patients to record their end-of-life values and preferences, including their wishes regarding future treatments (or avoidance of them).

Advance care planning involves several processes

- informing the patient
- eliciting preferences
- identifying a surrogate decision maker to act if the patient is no longer able to make decisions about their own care.
- discussions with family members, or at least with the person who is to be the surrogate decision maker.

The principle of advance care planning is common for patients aware of approaching death, however these wishes are not always been respected, especially if the

patient is urgently taken to hospital or if there is disagreement amongst family members about what is appropriate treatment.

Respecting the choices of a patients is both mandatory and ethical, as long as he is in good will, informed and aware of the consequences of his decisions.

### CONCLUSIONS

As the global need for palliative care will continue to grow due to ageing populations and the rising burden of chronic diseases, it is mandatory for every health system to implement a feasible Palliative care network. Early delivery of palliative care reduces unnecessary hospital admissions and the use of health services.

Palliative care involves a range of services delivered staff with equally important roles to play – physicians, nursing, support workers, paramedics, pharmacists, physiotherapists and volunteers — in support of the patient and their family.

Palliative care needs to be provided in accordance with the principles of universal health coverage. All people, irrespective of income, disease type or age, should have access to a nationally- determined set of basic health services, including palliative care.<sup>[1,2]</sup>

Specialist palliative care is one component of palliative care service but a holistic and generally accessible approach it is possible only with the involvement of all the factors of the health system - family doctor, authorities, legislator.

Providing palliative care should be considered an ethical duty for health professionals.

Knowing and respecting the principles of palliative care facilitates a good management of the disease and ensures the premises for a quality medical act in accordance with the best standards of medical practice.

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