

Palliative Care Explained

Everyone facing life-threatening illness will need some degree of supportive care in addition to treatment for their condition. The National Institute for Clinical Excellence (NICE) has defined supportive care for people with cancer. With some modification the definition can be used for people with any life-threatening condition.

Supportive Care Defined

Supportive care helps the patient and their family to cope with their condition and treatment of it – from pre-diagnosis, through the process of diagnosis and treatment, to cure, continuing illness or death and into bereavement. It helps the patient to maximise the benefits of treatment and to live as well as possible with the effects of the disease. It is given equal priority alongside diagnosis and treatment.

Supportive care should be fully integrated with diagnosis and treatment. It encompasses:

- Self help and support
- User involvement
- Information giving
- Psychological support
- Symptom control
- Social support
- Rehabilitation
- Complementary therapies
- Spiritual support
- End of life and bereavement care

Palliative Care Defined

Palliative care is part of supportive care. It embraces many elements of supportive care. It has been defined by NICE as follows:

Palliative care is the active holistic care of patients with advanced progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments.

Palliative care aims to:

- Affirm life and regard dying as a normal process
- Provide relief from pain and other distressing symptoms
- Integrate the psychological and spiritual aspects of patient care
- Offer a support system to help patients live as actively as possible until death
- Offer a support system to help the family cope during the patient's illness and in their own bereavement

Who Provides Palliative Care?

Palliative care is provided by two distinct categories of health and social care professionals:

- Those providing the day-to-day care to patients and carers in their homes and in hospitals
- Those who specialise in palliative care (consultants in palliative medicine and clinical nurse specialists in palliative care, for example)

Those providing day-to-day care should be able to:

- Assess the care needs of each patient and their families across the domains of physical, psychological, social spiritual and information needs
- Meet those needs within the limits of their knowledge, skills, competence in palliative care
- Know when to seek advice from or refer to specialist palliative care services

Specialist Palliative Care Services

These services are provided by specialist multidisciplinary palliative care teams and include:

- Assessment, advice and care for patients and families in all care settings, including hospitals and care homes.
- Specialist in-patient facilities (in hospices or hospitals) for patients who benefit from the continuous support and care of specialist palliative care teams
- Intensive co-ordinated home support for patients with complex needs who wish to stay at home.

- This may involve the specialist palliative care service providing specialist advice alongside the patient's own doctor and district nurse to enable someone to stay in their own home.
- Many teams also now provide extended specialist palliative nursing, medical, social and emotional support and care in the patient's home, often known as 'hospice at home'.
- Day care facilities that offer a range of opportunities for assessment and review of patients' needs and enable the provision of physical, psychological and social interventions within a context of social interaction, support and friendship. Many also offer creative and complementary therapies.
- Advice and support to all the people involved in a patient's care.
- Bereavement support services which provide support for the people involved in a patient's care following the patient's death.
- Education and training in palliative care.

The specialist teams should include palliative medicine consultants and palliative care nurse specialists together with a range of expertise provided by physiotherapists, occupational therapists, dieticians, pharmacists, social workers and those able to give spiritual and psychological support.

Current Provision of Specialist Palliative Care Services

As at January 2006, in England, Wales and Northern Ireland there were:

193 specialist in-patient units providing 2,774 beds, of which 20% were NHS beds.

295 home care services – at present this figure will include both primarily advisory services delivered by hospice or NHS based community palliative care teams and other more sustained care provided in the patient's home.

314 hospital based services.

234 day care services.

314 bereavement support services.