

Role of Palliative Care at the End of Life: To Enhance the Quality of Life and Positively Influence the Course of Illness

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ABSTRACT

The palliative care goal is to relieve the patients' suffering and their families by assessment of the comprehensive treatment of physical, psychosocial, and spiritual symptoms felt by the patients. It helps patients and their relatives to conclude suitable medical care and to support the goal of patient care with healthcare professionals. Finally, palliative care establishing the requirement of a proxy, resuscitation status, and advance directives is an essential part of palliative care at the end of life. This review aims to recognize the role of palliative care at the end of life. As death approaches, the symptom burden of a patient may worsen and require more aggressive palliation. As ease measures strengthen, so does the care provided to a dying patient's family. Once death has occurred, the role of palliative care focuses primarily on the support of the patient's family and bereavement.

Keywords: Course of illness, End of life, Palliative care, Positive influence, Quality of life, Role.

Pondicherry Journal of Nursing (2021): 10.5005/jp-journals-10084-13102

INTRODUCTION

The concept of palliative care according to the Center to Advance Palliative Care (CAPC) is "Specialized care for people with serious illnesses", its prime focus is to relieve the symptoms and amount of stress of a serious illness. Its goal is to improve not only the patient's quality of life but also the family. The palliative care team consists of nurses, doctors, and other specialists and therapists who coordinate work with patient's doctors to provide extra support. Palliative care is helping at group and any age in view of treating serious illness and benefits in improved patient quality of life.¹

According to the WHO, palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with a life-threatening illness, through the prevention and relief of suffering through early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.²

Though dying is a usual part of life, death is often treated as an illness. As a significance, many people alone, in pain and die in hospitals. Palliative care efforts mainly on anticipating, diagnosing, preventing, and treating symptoms felt by patients with a life-threatening illness or serious and helping patients as their relatives make medically important decisions. The definitive goal of palliative care is to improve the quality of life of both patients and their families. It positively influences the course of illness.³

A systematic review by Singer et al. shows that health services of palliative care found more support for nurse's role than any other discipline of the 98/124 studies that labeled provider disciplines, nurses were the greatest shared interventionists working as a sole practitioner in 70% of studies in a team. Palliative care denotes the optimization of the quality of life for both the patients with serious illness and their families using special measures to expect, prevent suffering, and treatment. It comprehends the variety of illnesses including psychosocial, physical, emotional, and spiritual desires of seriously ill patients.⁴ Worldwide, it is expected that palliative care could be beneficial in 38–74% of all deaths. A study suggests that the use of palliative care positively impacts the quality of care and reduces the total costs of care at the end of life in Belgium.⁵

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How to cite this article: Choudhary S, Mahala P. Role of Palliative Care at the End of Life: To Enhance the Quality of Life and Positively Influence the Course of Illness. *Pon J Nurs* 2021;14(2):42–45.

Source of support: Nil

Conflict of interest: None

KEY ELEMENTS OF PALLIATIVE CARE

Palliative care provides better symptom management and quality of life compared with usual care. Although the benefits of documents, palliative care is underutilized in the advanced management or illness of terminal. In 2011, it was predictable that greater than 1 million deaths (in the United States 45% of all the deaths). While this signifies a steady rising trend, 36.1% of those patients were discharged or died within 7 days of admission and nearly 2/3 rd (63.1%) received care for less than 1 month. Benefits also extend to family, caregivers, and friends, which proves greater approval with the quality care and attention to caregiver essentials. The benefits of palliative care according to WHO is shown in Figure 1.⁶

COMMON CORE PRINCIPLES

While people nearing the end of their life frequently need specialist support and care. Palliative and end-of-life care encompasses some important principles. These principles provide an outline for experts who deliver end-of-life care (Fig. 2).⁷

Palliative care's primary goal is the accomplishment of the greatest possible quality of life for the patients and their relatives and extends of role to help on bereavement if needed. The concept

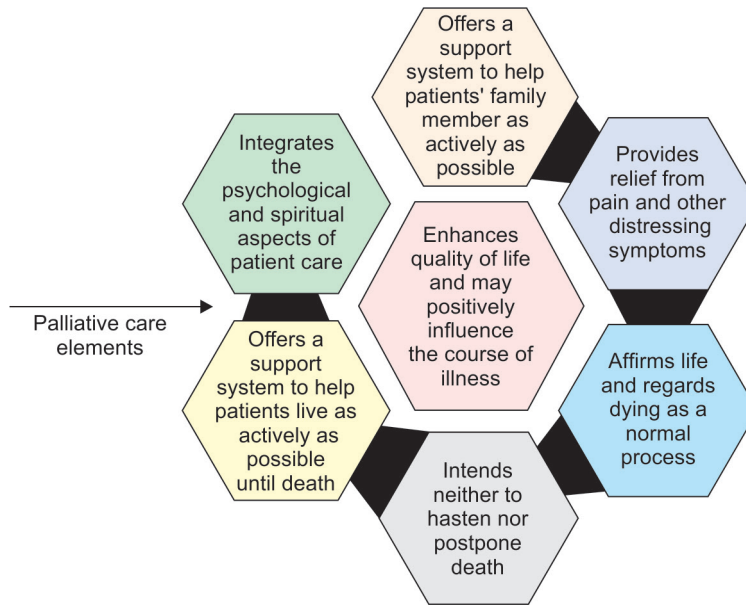


Fig. 1: Elements of palliative care

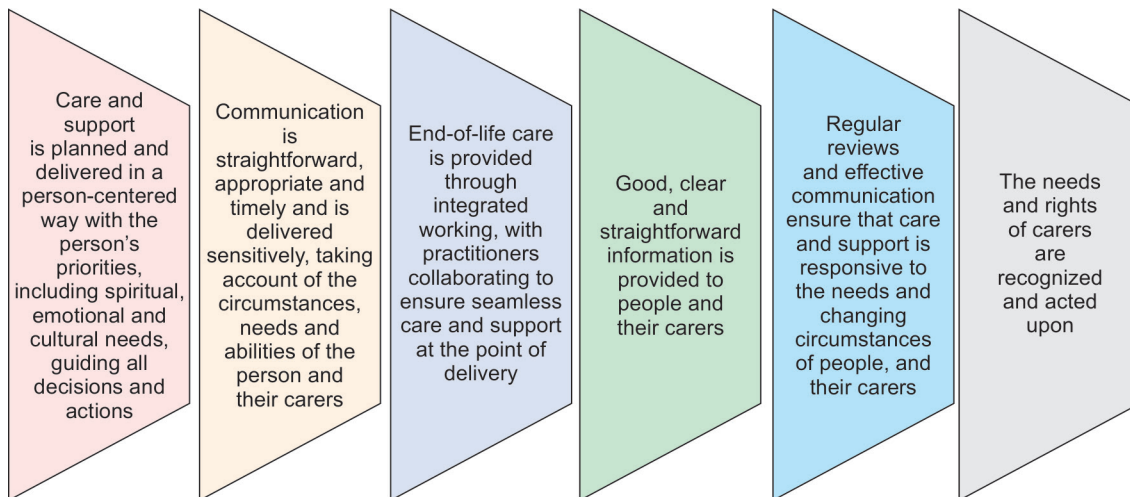


Fig. 2: Common core principles of palliative care

of term care is a total pain, clear as including not only physical symptoms but also social, spiritual problems, and mental distress. The quality of life evaluation of the patient in palliative care is an essential factor in the overall patient condition identification as well as in the quality services evaluation services provided. Early interdisciplinary palliative care and support of caregivers help the patient to attain control of affective symptoms and better quality of life.

A review suggested that two common threats in the structure and content measurement that carry quality life label. Such a measure inclines to replicate a multidimensional conceptual approach. The following dimensions of health are often incorporated to a lesser or greater degree in the assessment of the quality of life (Fig. 3).

- Physical health with variables, such as disease symptoms, somatic sensations, and treatment-related complications.

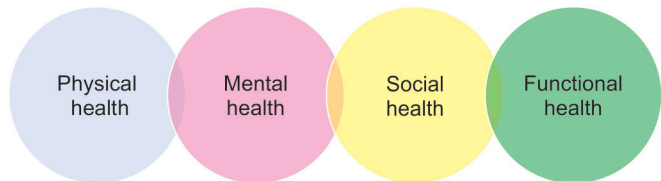


Fig. 3: Dimensions of health

- Mental health extending from a positive well-being sense to psychological distress non-pathological forms to psychiatric disorder diagnosable.
- Social health including a quantitative and qualitative assessment of community interactions and contacts.
- Functional health which includes both physical functioning in term of self-care and social role functioning as well as a physical activity about work and family.⁸

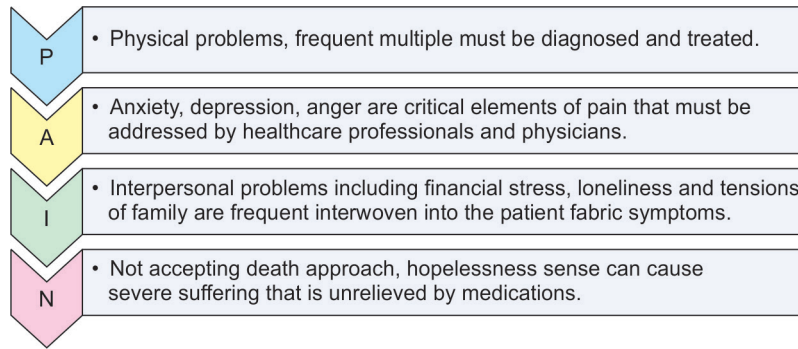


Fig. 4: Components of pain

TOTAL PAIN CONCEPT

At the end of life, the concept of pain and relief of suffering is the main goal of medical care. However, to treat this, providers must first recognize pain and suffering. This concept is central to the assessment and diagnosis of pain and suffering. There are four components of pain (Fig. 4).

Treating a patient’s total pain is authoritative especially at the end of life. Optimal pain relief will not be possible unless all the elements of total pain are addressed. Through the understanding of the pain, the concept can help in improving the quality of life and positively influence the course of illness.^{9,10}

MANAGING COMMON PHYSICAL SYMPTOMS

In different settings, palliative care can be provided to patients, for example, care homes, own homes, hospitals, day hospitals, and hospices. Palliative care’s crucial component is the multidisciplinary input in managing symptoms related to the other life-limiting illness or terminal illness. Patients suffer from a wide range of physical symptoms, for example:

- Pain,
- Poor nutrition,
- Weight loss,
- Dehydration,
- Infections,
- Incontinence,
- Shortness of breath,
- Nausea,
- Vomiting, and
- Tissue viability issues.

It is important to manage these symptoms in a multidisciplinary setup, with good communication with the patients and their caregivers. The General Medical Council in 2010 published useful guidance on end-of-life care. It is important to treat distressing physical and psychological symptoms, but serious consideration should be given to when to withdraw treatment, artificial hydration, and nutrition. Palliative care teams have a vital role in end-of-life care. Their early involvement is crucial for the holistic management of terminally ill patients.¹¹

COMMUNICATION ON DEATH, DYING, AND PREFERRED PLACE OF DEATH

Healthcare professionals are progressively expected to determine a patient’s choice about the preferred place of death, record it,

and aim to deliver it. It offers all patients nearing the end of life regardless of their diagnosis, the same access to high-quality palliative care so that they can choose if they wish to die at home. In terms of death, the place should disputably include home, hospital, hospice, and nursing home.¹² A study review that Beccaro in their survey on actual and preferred place of death of cancer patients in Italy found that home was the preferred place of death for 93.5% of the patients. Arnold concluded that there are differences in the preferred places of death as expressed by patients. They emphasized that the majority of patients (80%) who had never been admitted to a hospice wanted to die at home, therefore, the vast majority (79%) of those who had at least one admission in a hospice wanted to die in a hospice¹³.

Palliative care professionals have tried to ensure that people are cared for at home until the end of life. Allowing for dying at home as more natural. Home deaths may be considered as an outcome of high-quality palliative care. The actual place where people die and whether people die at their preferred place is often mentioned and aiming at improving care at the end of life, suggesting that they could function as indicators of the quality of palliative care.¹⁴

CONCLUSION

Palliative care pursues to improve quality of life. It also completely affects the course of an illness and when applied early during an illness, may prolong life. In India, there is an additional financial burden. These lead to poor quality of life and hence people affected by them need help to handle these issues. Palliative care supports to overcome these problems. As palliative care is “total care” it requires a multidisciplinary team to deliver it. This team usually consists of doctors, nurses, counselors, dieticians, and social workers who work together to maintain the best possible quality of life for end-of-life patients.

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