



CoramClick

A publication of Coram

Clinically focused, offering insight into the expanding area of specialty infusion patient care management, therapies, and solutions.

In This Issue

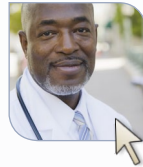
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Each issue of the **CoramClick** provides an in-depth focus on timely and practical solutions. In this issue of the *Click*, we are focusing on **Palliative Care**. Full, printable issues of the *Click* are available online at coramhc.com.



Overview of Palliative Care

Palliare – from Latin; to cloak. To cloak patients with the support they need to manage whatever stage of illness in which they find themselves. We no longer define palliative care as required only at the end of life. As defined by the World Health Organization, palliative care is an umbrella of needs assessment and interventions that assure the best possible quality of life during a period of illness. Palliative care may include hospice, but is not in any way limited to hospice.



Treatment Options for Palliative Care

Palliative care is the medical specialty focused on improving the overall quality of life for patients and families facing life-threatening illness. As the focus of care shifts from curative to palliative care, it is important for clinicians to educate patients and their families regarding all treatment options available to include hospice services.



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Overview of Palliative Care



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Palliative care must be designed to:

- Anticipate and prepare patients and their caregivers for potential adverse effects of their disease and/or treatment
- Provide symptom relief of any adverse effects that do develop
- Affirm life and work to promote quality of life throughout the care continuum
- Respect dying as a normal process without any specific intent to accelerate or postpone death
- Incorporate psychological, emotional and spiritual aspects of care that are relevant to each unique patient/family
- Support life fulfillment and quality
- Recognize the value of a multidisciplinary approach to assure comprehensive assessment and intervention
- Support both curative and end-of-life therapies as applicable for each patient through each stage of their individual experience
- Coordinate care between and within disciplines and the patients/families
- Help patients/families understand their options and choices for current and future care, and thus choose treatments that are in line with their specific goals

Palliative Care

An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psycho-social and spiritual.

– The World Health Organization

Palliative care interventions are designed to relieve such symptoms as pain, nausea and vomiting, shortness of breath, fatigue, anorexia, constipation, insomnia, depression, anxiety, etc. Palliative care helps patients best tolerate their medical treatments and ability to maintain a meaningful day-to-day life.



Palliative care can be provided at a variety of sites, depending on the patient’s clinical condition and comfort level or preference. Site-of-care options include, for example, hospital, home or hospice. However, true palliative care follows patients if and as they change venues as and if their status fluctuates.

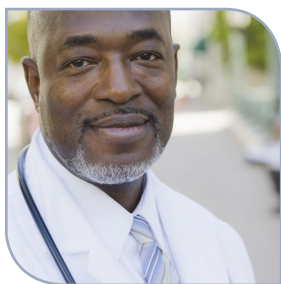
If curative therapy is no longer an option, palliative care offers an opportunity for the patient and family to make personal and practical preparations for death. Patients have the opportunity to be in control of their financial, legal and personal decisions and reduce the problems that would likely occur if such preparation was ignored. Patients can be encouraged to and supported as they consider such decisions as power of attorney, funeral or memorial services, and distribution of property. The patient may prepare and organize any records, documents and instructions that family members will need after his or her death.



In those instances when death becomes the expected outcome, patients and their circle of family and friends have the opportunity to understand the individuality of the grieving process and make the most of the time that remains.

Palliative care is an essential component of a comprehensive package of care for people living with chronic or life-threatening disease. Palliative care affirms life, promotes quality of life, treats the person and supports the family. It provides the foundation of comprehensive care, complements disease-modifying therapy and may, at some time become the focus of care. It is compassionate, all-inclusive clinical care that treasures the individual and his/her response to treatment. ♦

Treatment Options for Palliative Care



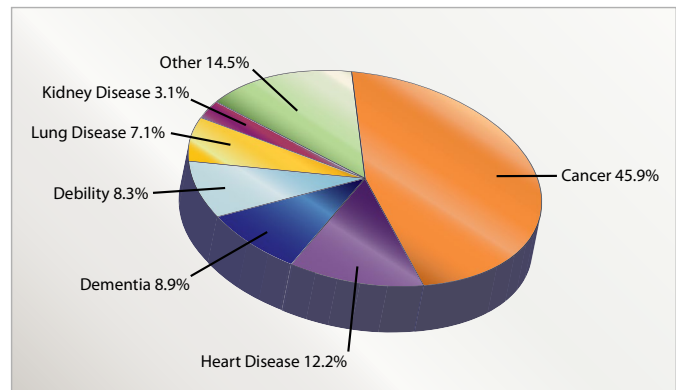
Palliative care is the medical specialty focused on improving the overall quality of life for patients and families facing life-threatening illness. It may parallel disease modifying therapy or become the total focus of care. The primary goal of palliative care is symptom management but also encompasses emotional and spiritual support.

As the focus of care shifts from curative to palliative care, it is important for clinicians to educate patients and their families regarding all treatment options available to include hospice services.

Research has shown that eight out of 10 Americans would want to stay in their homes surrounded by family and loved ones if they were faced with a life-limiting illness. The need to show awareness for this approach has become increasingly important, as more patients choose this model of care. Palliative care is an option for a wide variety of disease states for both adult and pediatric patients. In addition to cancer, the top five diagnoses include: heart disease, debility, dementia, lung disease and stroke. Other diseases include neuromuscular disease, auto-immune disease, and gastrointestinal and kidney disease. ▶▶

There are a number of palliative treatments available. Common symptoms associated with life-limiting illnesses include nausea and vomiting, dehydration, pain, shortness of breath, anxiety and cognitive deficits.

Intractable pain caused by underlying disease is the most common symptom treated. Traditional options include oral, sublingual, transdermal and intravenous routes. Intraspinal treatment may prove to be more therapeutic for aggressive disease processes by offering to manage pain in lower doses while minimizing cognitive impairment. For patients with lung disease, opiod therapy can dramatically decrease the phenomenon of air hunger and reduce anxiety.



Hospice Admissions – 2005

The second most common diagnosis in palliative care is heart failure, which contributes to approximately 287,000 deaths per year. Approximately 550,000 new cases are diagnosed in the U.S. each year alone. Over half of those diagnosed die within five years. Palliation for heart failure patients may include oxygen therapy, diuretics and inotrope therapy. Intravenous inotrope therapy is often a treatment consideration when oral medication has failed. Patients can safely receive inotrope therapy to reduce symptoms associated with chronic heart failure such as shortness of breath, fatigue and cognitive impairment.

Patients may chose inpatient or home health services for these therapies while receiving curative treatments. As disease progression occurs, the transition to hospice services is made through the continuum of care. In 2005, 1.2 million people with life-limiting illness received palliative or hospice care services. These numbers continue to grow as the need for palliative care bridges the gap between curative treatments and hospice care. ♦

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