



# Waves Of Change

The BIG Wave : The process of change in palliation

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# Palliative Care

## ***What Does It Mean?***

*Prepared & adapted in Great Britain in 1987  
recognized as a medical specialty*

## ***“Who's on the team?”***

*doctors, nurses, therapists, social workers, clergy & volunteers*

*World Health Organization (WHO) says  
“the active total care of patients whose disease is  
not responsive to curative treatment. Control of  
pain and of other symptoms, & the psychological,  
social & spiritual problems, are paramount. The  
goal of palliative care is achievement of the best  
quality of life for patient & their families.”*

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*Further (LOOK AT ORIGINAL)*

*Palliative care .....affirms life & regards dying as a normal process....neither hastens or postpones death, ...provides relief from pain & other distressing symptoms. ..integrates the psychological & the spiritual aspects of care, .. offers a support system to help patients live as actively as possible until death ... also offers a support system to help the families cope during the patients illness & their own bereavement*

*P3*

# **Your experience of palliative care?**

Affects: Your Feelings

Effects: Your planned approach of care

What is Your personal experience of death?

**How was this situation handled?**

“bad death” **or** “a good death”

chronic or acute disease

What education have you had in palliative care?

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# What are the Barriers?

## Communication

This is an issue that involves any of the following:-

**Language :-**

verbal augmented, sign or pictographs.



# **Culture/religion**

different cultures along with different religious backgrounds. May lead to a barrier of suspicion

Pastoral care may be provided

# Values & beliefs

what is believed by both the caregiver & the recipient. Are these in conflict?

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How do you provide care? Do you look at what is involved & how you perceive what is needed.

How to maintain hope?

How do you support the client and family?

Culture values & beliefs, Education, experience.

Ensure that the family trust you

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# Objective/ Subjective

## **Objective**

Free from personal feelings, opinions, prejudices, unbiased: pertaining to what is external to or independent of the mind; real; opposed to phenomenon

## **Subjective**

place within an individuals mind, emotions; originating from or influenced by a persons interests, prejudices

Who is involved in making the decision?

*How did they reach this decision to commence end of life care. (Doody and Cowley 1996, Genik et al 2017)*

*P12*

Twycross (1994) identified that the needs of the dying

Reached by providing education & skill development for the carers involved

The family and professional carers who are providing support

Remembering that the “goal of palliative care is achievement of the best quality of life for the individual & their family”.

Areas of need are now being addressed

A physical response that is perceived as either an acute or chronic pain.

Development of alternative treatments.

Pain be it physical, emotional or spiritual affect how the individuals health changes over time.

Develop holistic care for best quality of life available

Poor communication skills may:-

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The importance of reporting changes in symptoms that are either improving or worsening. (McQuillan and Finlay 2017)

Poor communication with colleagues will increase levels of disinformation & misunderstanding

Promoting good communication increases coordination within the team.

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Doyle, Hanks & McDonald (1994) state that good palliative care is an exercise in anticipation rather than crisis intervention.

Palliation is a chronic progressive illness, not an acute unexpected one.

Pain be it, Physical, Emotional or Spiritual are all addressed by the team t(B.Davies et al 1996 Eldercare 1996)

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Ensuring support from & within the team for the individual & their family

When the not for resuscitation order (N.Bekkema et al 2015) is given

Duty of care, ensures that euthanasia is not an option

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