Palliative Care

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The World Health Organization has defined palliative care as ‘the active total care of patients whose disease is not responsive to curative treatment’ and described the goal of that care as ‘achievement of the best quality of life for patients and their families’.

Palliative management may be complex and needs to be individualised; therapeutic doses of many palliative medications can be very variable. Palliative medicine is undergoing rapid changes, including developing new understandings of the causes and treatments of symptoms, and establishing new uses for old medicines. Therapy is guided by standard texts, shorter guides to treatment, and a rapidly evolving literature in journals and via the Internet. Existing treatment guidelines probably cannot be condensed further into the CARPA standard format, however it is possible to summarise the principles and desirable care standards of palliative care, which can then be supplemented by specialist advice. This protocol is informed by policy developed by the Northern Territory Government with its emphasis on providing care appropriate to and accessible by all sectors of the population.

The holistic nature of palliative practice requires attention to the physical as well as the psychological, emotional, spiritual and cultural aspects of care. The literature on Indigenous palliative care, and on specific palliative care issues for Australian Aboriginal clients, is sparse. Indigenous peoples of Canada and North America have described differences in world views, ethics and decision making processes, and difficulties in communicating with mainstream health care providers, that significantly impact on end-of-life care. This is also true for Australian Aboriginal peoples. Non-Aboriginal health care workers need guidance on how to deal with Aboriginal clients at this time, both practically and in terms of their care relationships. They need to understand how to work with and take guidance from Aboriginal colleagues and families. Some features of the palliative care of Aboriginal Australians may differ from that provided to the general population. Many Australian Aboriginal people are uncomfortable within, or in fact distrust, mainstream health care institutions, and prefer to remain on their traditional country and to be cared for by their kin. The wish to remain on country has been repeatedly documented, not only for sick people, but also for the elderly. This raises practical issues for care including the training and support of community care workers, and availability of medications, care equipment, suitable accommodation and transportation. With appropriate resources and adequate support of both lay carers and primary health care providers, most people should be able to be cared for
in the manner they wish, in accordance with contemporary standards of palliative practice.

References
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21. Williamson P. Let me die in my country: palliative care needs of Aboriginal people in the Kimberley and Pilbara regions of Western Australia. Perth: Health Department of Western Australia, 1996.
Palliative care, form of health care that seeks to improve the quality of life of patients with terminal disease through the prevention and relief of suffering. It is facilitated by the early identification of life-threatening disease and by the treatment of pain and disease-associated problems. Catriona Kennedy is a Professor in Nursing and Midwifery, University of Limerick. Her clinical, education and research background is in community health nursing and palliative care. Kennedy's areas of See Article History. Palliative care is a special approach to caring for anyone with serious illness, such as cancer. Palliative care focuses on improving the quality of life by helping patients and caregivers manage the symptoms of a serious illness and side effects of treatment. It's designed to work with the health care team to help people with a serious illness live as well as they can for as long as they can. Palliative care is appropriate for people of any age and at any stage in any serious illness. Palliative care. Quite the same Wikipedia. Just better. Palliative care can be provided across multiple settings including in hospitals, at home, as part of community palliative care programs, and in skilled nursing facilities. Interdisciplinary palliative care teams work with people and their families to clarify goals of care and provide symptom management, psycho-social, and spiritual support. Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient's prognosis.