







مراقبت‌های حمایتی تسکینی:
مفاهیم، ساختار، فرآیند و پیامدها



INSUFFICIENT ACCESS TO PALLIATIVE CARE

- Each year an estimated:
 - 40 million people are in need of palliative care,
 - 78% of whom live in low- and middle-income countries.
 - Worldwide, only about 14% of people who need palliative care currently receive it.
 - For children, 98% of those needing palliative care live in low- and middle-income countries with almost half of them living in Africa.
- Worldwide, a number of significant barriers must be overcome to address the unmet need for palliative care:
 - national health policies and systems often do not include palliative care at all;
 - training on palliative care for health professionals is often limited or non-existent; and
 - population access to opioid pain relief is inadequate and fails to meet international conventions on access to essential medicines.



PHILOSOPHY OF PALLIATIVE CARE

- " Affirms **life and regards death** as a normal process
- " **Neither hastens nor postpones** death
- " **Relief from pain** and other **distressing symptoms**
- " **Integrates the psychological and spiritual aspects** of care
- " **Offers a support system** to help patients live **as actively as possible until death.**
- " **Offers a support system** to help the family **cope during the patient's illness and in their own bereavement;**
- **World Health Organization 1990**






■ What is palliative care?

Palliative care (WHO, 2002a) is **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, psychosocial and spiritual.





Palliative care is an approach that:

- Improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness, and may also positively influence the course of illness.
- Prevents and relieves suffering through
 - the early identification,
 - correct assessment and
 - treatment of pain and other problems, whether physical, psychosocial or spiritual.
- **Multidisciplinary approach** that focuses on the whole patient and family
 - Note that the “unit of care” is more than the patient- to include family/friends, caregivers





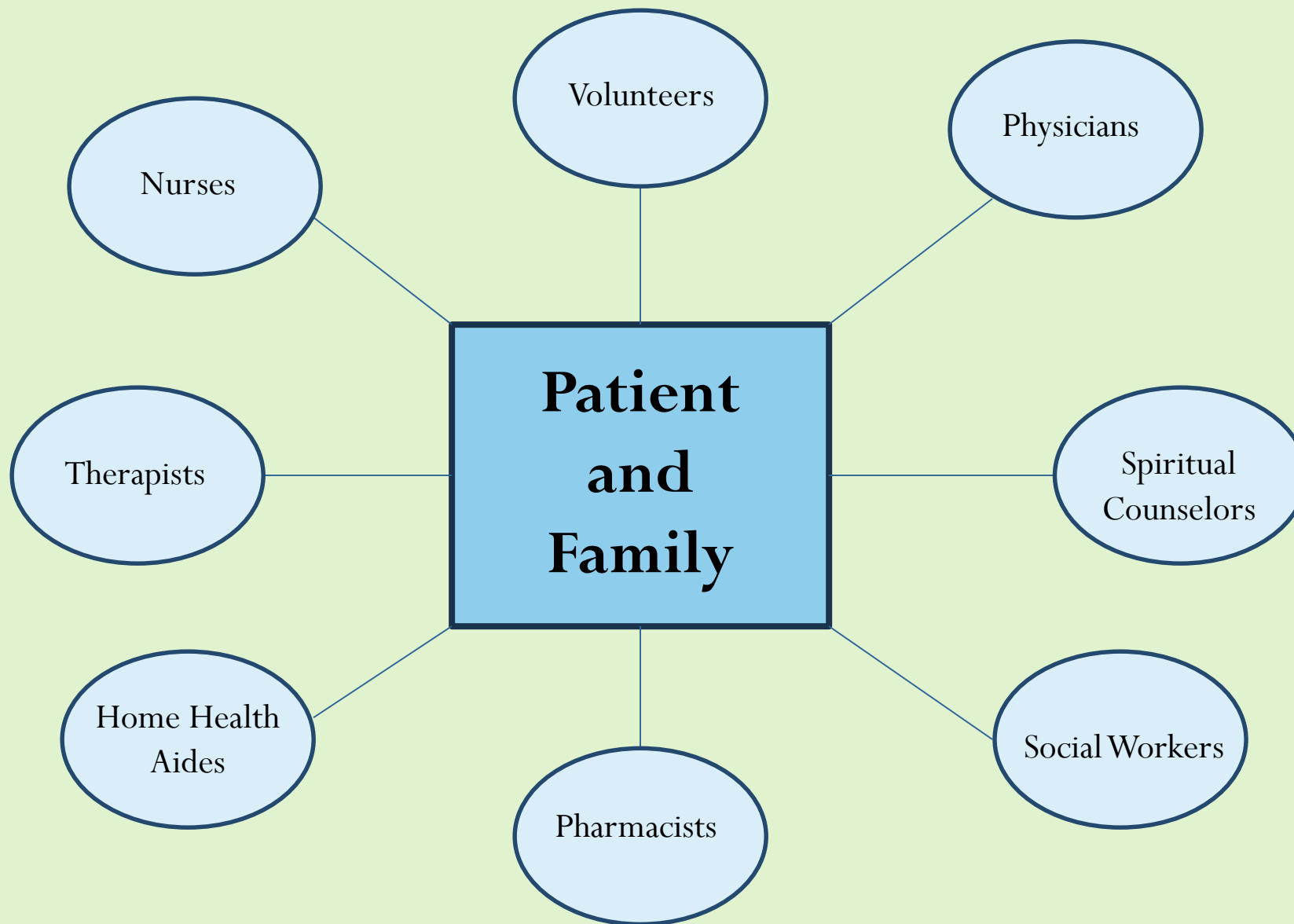
- ❑ **palliative care services** should be provided from **the time of diagnosis of life-threatening illness**, adapting to the **increasing needs of patients and their families as the disease progresses into the terminal phase.**
- ❑ **Effective palliative care services** are integrated into the existing health system at all levels of care, especially community and home-based care.



WHO PROVIDES PALLIATIVE CARE?

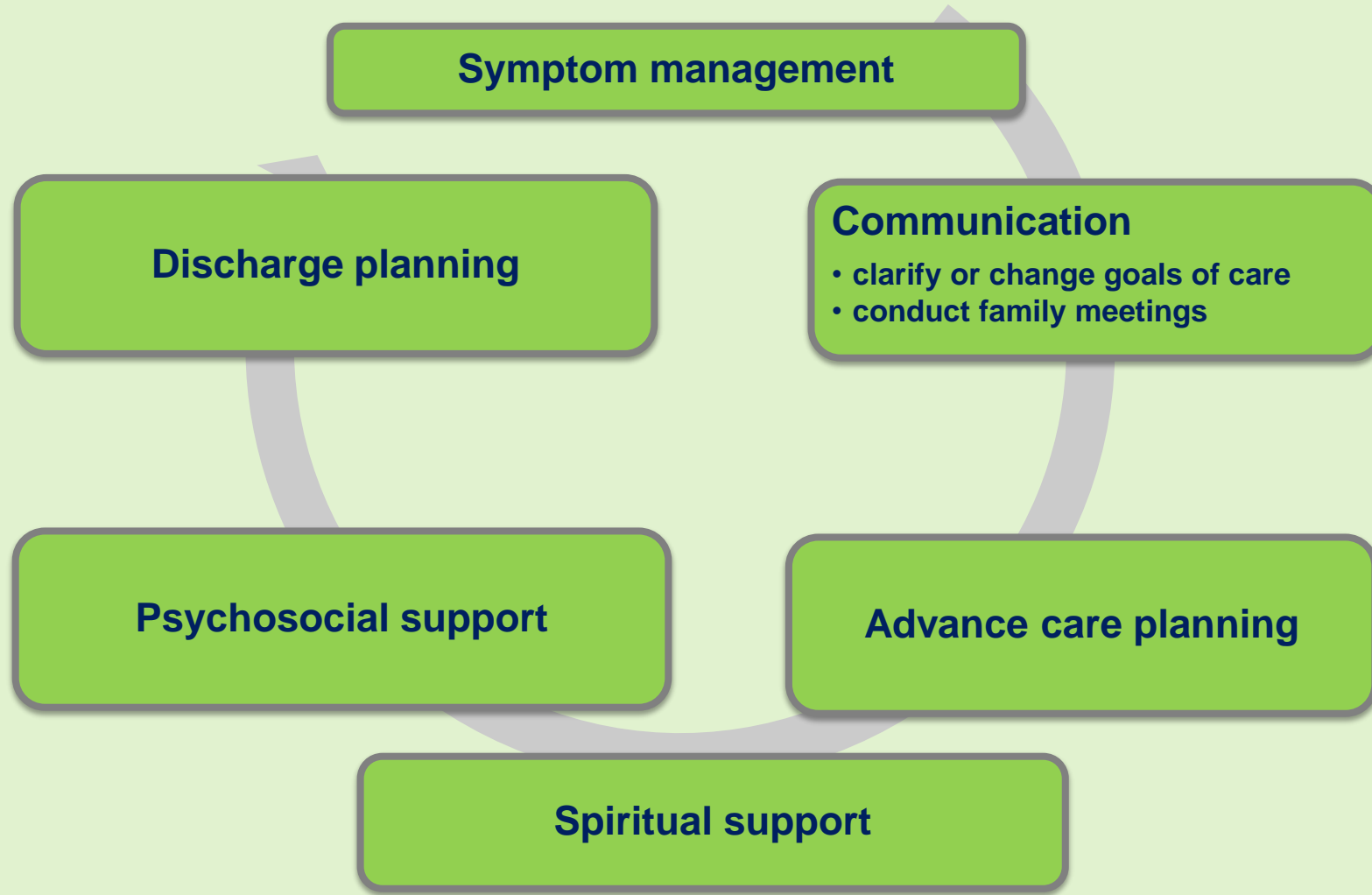
- Usually provided by *a team of individuals*
- Interdisciplinary group* of professionals
- Team includes *experts in multiple fields*:
 - Doctors
 - Nurses
 - social workers
 - massage therapists
 - Pharmacists
 - Nutritionists







What Palliative Care Teams Do



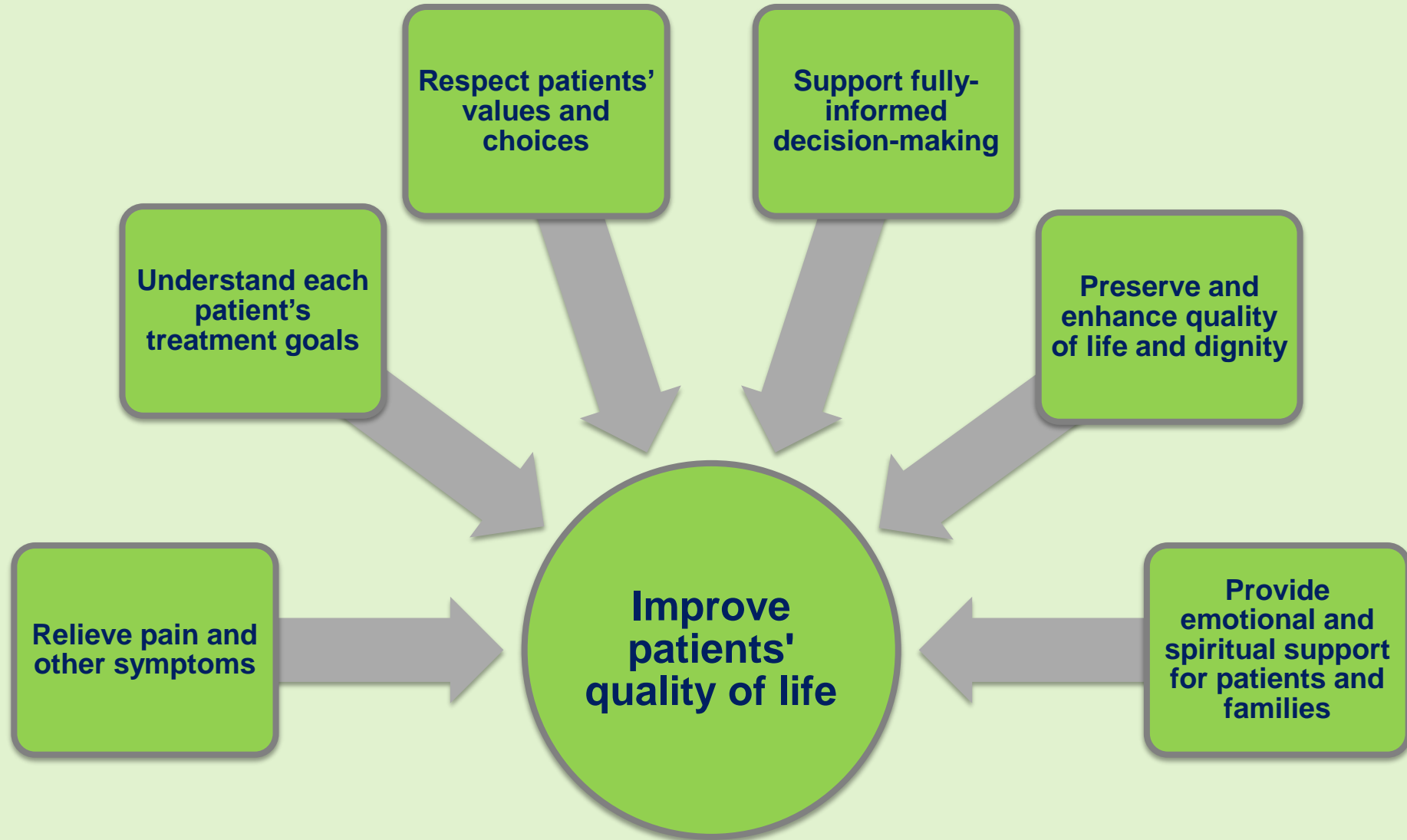
PALLIATIVE CARE PATIENT SUPPORT SERVICES

□ Three categories of support:

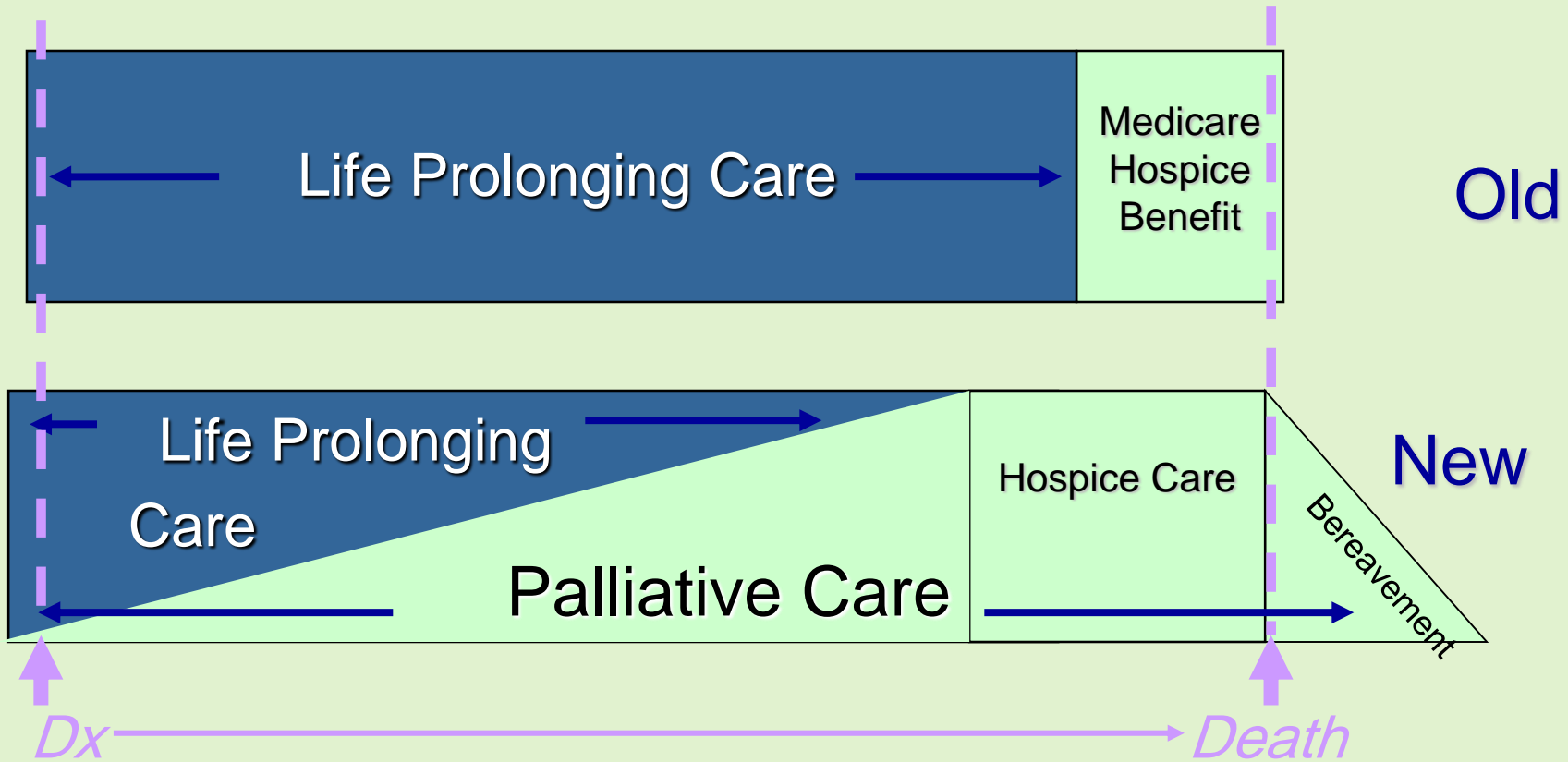
1. **Pain management** is vital for **comfort and to reduce patients' distress**.
 - **Health care professionals and families** can collaborate to identify the sources of pain and relieve them with **drugs and other forms of therapy**.
2. **Symptom management** involves **treating symptoms other than pain** such as nausea, weakness, bowel and bladder problems, mental confusion, fatigue, and difficulty breathing
3. **Emotional and spiritual support** is important for **both the patient and family** in dealing with the emotional demands of critical illness.



THE GOALS OF PALLIATIVE CARE



OUR FAMILIAR GRAPHIC: SERVICE DESIGN IMPLICATIONS?



PRINCIPLES

- **Principle 1:** Care is patient, family and care centered -We are focused on the patient and his/her family: actively involved in all aspects of care
- **Principle 2:** Care provided is based on assessed need
- **Principle 3:** Patients, families and caregivers have access to local and networked services to meet their needs.
- **Principle 4:** Care is evidence-based, clinically and culturally safe and effective.
- **Principle 5:** Care is integrated and coordinated
- **Principle 6:** Care is equitable



EIGHT DOMAINS OF PALLIATIVE CARE

- ***Structure and Processes of Care*** -interdisciplinary team assessment based on patient/family *goals of care*; *prognosis*; *disposition* (level of care – inpatient unit, home); *safety*
- ***Physical Aspects of Care*** – pain, dyspnea, nausea/vomiting, fatigue, constipation, performance status, medical diagnoses, medications (add/wean/titrate)
- ***Psychological Aspects of Care*** – anxiety, depression, delirium, cognitive impairment; stress, anticipatory grief, coping strategies; pharm/non-pharm treatment; patient/family grief/bereavement;



EIGHT DOMAINS OF PALLIATIVE CARE

- ***Social Aspects of Care*** – family/friend communication/interaction/support; caregiver crisis
- ***Spiritual Aspects of Care*** – spiritual/religious/existential; hopes/fears; forgiveness;
- ***Cultural Aspects of Care*** – language, ritual, dietary, other.
- ***Care of the Imminently Dying*** – presence; recognition and communication to patient/family education/normalization; prognosis (eg hours to days; very few days; etc)
- ***Ethical & Legal Aspects of Care*** – decision maker; advance directives
- * <http://www.nationalconsensusproject.org/guideline.pdf>



10 INSTRUMENTS FOR PALLIATIVE CARE

1. Needs assessment.
2. Systematic therapeutic Plan.
3. Symptom control.
4. Emotional support.
5. Information and communication.
6. Clinical ethics as the method for decisions
7. Change in the micro organization: the team work
8. Change in the organization of resources.
9. Evaluation and monitoring results quality and results.
10. Education, training, and research

And..... *Advance Care Planning and Case management
and continuity of care*



Who needs palliative care?





WHO RECEIVES PALLIATIVE CARE?

- Individuals **struggling with various diseases**
- Individuals with **chronic diseases such as cancer, cardiac disease, kidney failure, Alzheimer's, HIV/AIDS and Amyotrophic Lateral Sclerosis (ALS)**





- The majority of adults in need of palliative care have chronic diseases such as:
 - cardiovascular diseases (38.5%),
 - cancer (34%),
 - chronic respiratory diseases (10.3%),
 - AIDS (5.7%) and
 - diabetes (4.6%).

- Many other conditions may require palliative care, including:
 - kidney failure,
 - chronic liver disease,
 - multiple sclerosis,
 - Parkinson's disease,
 - rheumatoid arthritis,
 - neurological disease,
 - dementia,
 - congenital anomalies and
 - drug-resistant tuberculosis.



با تشکر از بذل توجه شما

