

12. PALLIATIVE CARE

12.1 Palliative Care

12.2 Tasmanian Palliative Care

12.3 End of Life Issues

12.4 Key Points

Palliative Care

The following is adapted from the publication:

[Clinical practice guidelines for the psychosocial care of adults with cancer](#)
Ch 3 pp 65-66

The movement from curative to palliative treatment represents a crucial step for patients with cancer and their treatment team. In considering palliative care for patients with advanced cancer, it is important to distinguish between the palliative approach (where active treatments may still have an important role to play and focuses on both the level of comfort and the level of function), palliative care (that may include the involvement of specialised palliative service providers for patient and carer assessment, support and advice), and terminal care (where the patient is in the final stages of life). The distinction is important not only in care planning, but in establishing the goals for treatment. Discussion with the patient and family is crucial at this time.

A key aspect of the successful transition is ensuring that both the health care team and the patient recognise that palliative care does not preclude active treatments to improve symptom control and enhance quality of life. For many patients with cancer the transition from curative treatment to palliative is gradual. Where active treatment continues to be offered, its goal changes from cure to control of disease and, subsequently, to the control of symptoms.

As unnecessary delays in referral to specialist palliative services can lead to increased suffering for the patient, it is important for the palliative care team to be introduced as soon as required and that this team is seen as an integral

Related Topics

[12.2 Tasmanian Palliative Care](#)

[12.3 End of Life Issues](#)

[12.4 Key Points](#)

Palliative Care cont'd

component of the cancer services.

Managing the transition to palliative care can be one of the most difficult communication tasks ever faced by cancer health professionals. It is important to make clear to the patient that this transition does not imply discontinuation of active care or abandonment from their treating cancer team.

Specialist palliative care teams are interdisciplinary teams consisting of palliative care medical specialists, specialist nurses and social workers.

The following is adapted from the publication:

[Clinical Practice Guidelines for the Management of Advanced Breast Cancer](#) Chapter 3.7 p47

The palliative approach is the application of good symptom control in association with particular attention to the psychological, social, cultural, emotional and spiritual wellbeing of the person and her family / carers.

It is expected that all women with advanced breast cancer will be offered the

Guidelines	Level	Reference	pal-
Specialist palliative care services improve the outcomes in relation to patient satisfaction, patients being cared for in their place of choice, family satisfaction, and control of pain, symptoms and family anxiety.	I	164	

liative approach, and that some will take up the offer of palliative care. p 47

Related Topics

[12.2 Tasmanian Palliative Care](#)

[12.3 End of Life Issues](#)

[12.4 Key Points](#)

The Tasmanian Palliative Care Service

offers many different forms of assistance:

Comprehensive assessment of the person seeking palliative care, including pain and symptom management, psychological, emotional, social and spiritual support.

Practical support including equipment, information to other services and liaison between health professionals.

Out of hours medical and nursing advice, information and support to clients who are registered with the service.

Bereavement support and counselling with support groups held from time to time

Education for families, professionals and community groups.

Trained volunteers to assist people through respite, practical help, transport and companionship.

Palliative care is provided in many settings—private homes, in hospitals, in nursing homes and in special palliative care units. Wherever possible the choice is made by the client receiving care.

Fast Facts

- The Tasmania Palliative Care Service has community teams around the state who work in both urban and rural areas.
- The Service has dedicated inpatient facilities for palliative care patients in Hobart and Launceston.
- The Service aims to maximise quality of life emphasising support and comfort rather than cure.

Related Topics

[12.1 Palliative Care](#)

[12.3 End of Life Issues](#)

[12.4 Key Points](#)

The Tasmanian Palliative Care Service

Booking Information:

South 6224 2515

North 6336 5544

North West 6440 7111

Further Information:

Standards for Providing Quality Palliative Care for all Australians

This publication can be ordered from

Palliative Care Australia

PO Box 24

Deakin West ACT 2600

Tel: **(02) 6232 4433**

Email: pcainc@pallcare.org.au

Therapeutic Guidelines—Palliative Care

[Clinical practice guidelines for the psychosocial care of adults with cancer](#) Ch 3 pp 65-66

Palliative Care Services—Tasmanian Government

The Tasmanian Palliative Care Service

National Palliative Care Strategy—Australian government

Palliative Care Australia

A guide for women with metastatic breast cancer.—NBCC

Related Topics

[12.1 Palliative Care](#)

[12.3 End of Life Issues](#)

[12.4 Key Points](#)

Palliative Care

Publications:

A list of [Healthinsite](#) resources on palliative or terminal care, euthanasia, 'dying with dignity' and hospice care are listed below.

[CareSearch](#) is an electronic resource for palliative care with options to search the literature on palliative care and support research and practice.

Title: CareSearch

Publisher: *Flinders University*

Description: An electronic resource for palliative care researchers, educators and clinicians providing care for people with a life limiting illness. Provides literature databases, research data management system and evidence based palliative care resources. **Date:** Aug 2006

Title: Palliative care - help for the terminally ill

Publisher: *Better Health Channel*

Description: Palliative care helps people who are terminally ill to achieve the best quality of life possible. It offers support and grief counselling to the family caring for the person with a terminal illness. Palliative care is provided in the patient's home, in hospital or in special units called hospices.

Date: Jul 2006

Title: Palliative care - help for the terminally ill

Publisher: *Better Health Channel*

Description: Palliative care helps people who are terminally ill to achieve the best quality of life possible. It offers support and grief counselling to the family caring for the person with a terminal illness. Palliative care is provided in the patient's home, in hospital or in special units called hospices.

Date: Jul 2006

Title: End of Life

Publisher: *HealthInsite Life Events Page*

Description: Links to information on issues related to death and dying.

Date: Jul 2006

Related Topics

[12.2 Tasmanian Palliative Care](#)

[12.3 End of Life Issues](#)

[12.4 Key Points](#)

Palliative Care *cont'd*

- Title:** Media release. New Medicare items for Indigenous health, refugees and palliative care
Publisher: *Australian Government Department of Health and Ageing*
Description: Medicare funded health checks for Aboriginal and Torres Strait Islander children and for refugee and other humanitarian entrants will be listed on the Medicare Benefits Schedule (MBS) from May 1. A new item recognising the role of specialists in pain and palliative medicine, and items covering immunisation and wound-management by registered Aboriginal Health Workers in the Northern Territory on behalf of a GP will also be listed.
Date: May 2006
- Title:** Overview of National Palliative Care Program initiatives
Publisher: *Australian Government Department of Health and Ageing*
Description: This document provides information on the national projects funded and managed by the Australian Government Department of Health and Ageing through the National Palliative Care Program.
Date: Apr 2006
- Title:** Palliative Care
Publisher: *Australian Government Department of Health and Ageing*
Description: Palliative care - quality of life for people with a life-limiting illness, their families and carers.
Date: Jan 2006
- Title:** Book review - Compassionate cities : public health and end-of-life care
Publisher: *Consumers' Health Forum of Australia (CHF)*
Description: This article contains a review of a book that explores end-of-life health care issues.
Date: Jan 2006
- Title:** Advanced care planning : rights and responsibilities
Publisher: *Consumers' Health Forum of Australia (CHF)*
Description: Advanced Care Planning (ACP) allows patients to record their wishes for treatment they would, or would not want if, at some future time, they are not longer competent.
Date: Jan 2006
- Title:** What is palliative care?
Publisher: *Australian Government Department of Health and Ageing*
Description: A description of what is meant by the term palliative care, when and where it is provided and by whom.
Date: May 2005

Related Topics

[12.2 Tasmanian Palliative Care](#)

[12.3 End of Life Issues](#)

[12.4 Key Points](#)

Palliative Care *cont'd*

Title: Palliative care explained

Publisher: *Better Health Channel*

Description: Palliative care helps people with a life threatening illness maximise their quality of life. It also offers support to family and friends during the illness and with bereavement counselling. It is provided wherever the person prefers - their home, a specialist hospice unit or other health facility. **Date:** Nov 2005

Title: When cancer won't go away: for carers of people whose cancer has advanced

Publisher: *The Cancer Council Victoria*

Description: Information for carers of people with advanced cancer.

Date: May 2005

Title: The National Palliative Care Program

Publisher: *Australian Government Department of Health and Ageing*

Description: This page provides a background to the establishment of the National Palliative Care Program **Date:** Feb 2005

Related Topics

[12.2 Tasmanian Palliative Care](#)

[12.3 End of Life Issues](#)

[12.4 Key Points](#)

End of Life Issues

The following is adapted from the publication:

[Clinical practice guidelines for the psychosocial care of adults with cancer](#)
Ch 3 pp 80—85

Maintaining quality of life and minimising the physical and psychosocial impact of the cancer and its treatment should be a major focus of the management of people with cancer, as these have been shown to be a significant, independent prognostic predictors of survival in clinical trials... Health professionals need to be aware of the potential impact of the disease on quality of life for patients and their families and set up monitoring strategies so that appropriate interventions can be implemented. Valid and reliable quality of life assessment is also important as it may influence decision-making about the type of treatments used.

Chapter 19 of [A guide for women with Metastatic breast cancer](#) discusses issues including:

- Unfinished business with family and friends
- Spiritual or religious comfort
- Ways to cope with the 'no more cancer treatment' decision
- Fears you may have about the process of dying
- The practical aspects of preparing for death
-

The practical considerations include

- Preparing a Will or advanced care directive
- Naming a power of attorney
- Enduring guardian

Related Topics

[12.1 Palliative Care](#)

[12.2 Tasmanian Palliative Care](#)

[12.4 Key Points](#)

End of Life Issues

Key points

If pain and other symptoms are not actively treated or controlled, psychological distress increases and physical and social functioning decreases (Level IV)

Pain can be controlled by guided imagery, relaxation therapy, music (Level I) and educational programs aimed at enhancing pain control (Level II)

Education sessions can improve adjustment, knowledge, death awareness and increase positive self concept (Level III-2)

Psychological interventions are associated with improved outcomes in a number of domains of quality of life, including mood, self-esteem, coping, sense of personal control, physical and functional adjustment (Level I) (Level II).

Open communication and expression of feelings promotes adjustment (Level II), (Level III-I).

One of the features associated with a 'good death' (i.e. from the patients perspective) is the social life of the dying patient.

Families and carers benefit from support and counselling (Level IV).

Specialist palliative care services improve patient outcomes in relation to patient satisfaction, the proportion of patients being cared for in their place of choice, family satisfaction, control of pain, symptoms and family anxiety (Level I).

Responding to patients who are dying and their families, may engender considerable distress. It is helpful for health professionals to draw on the expertise of members of a multidisciplinary team, particularly in dealing with complex clinical problems (Level IV).

Having an opportunity to express grief is important in promoting adjustment. **pp 80—81**

Related Topics

[12.1 Palliative Care](#)

[12.2 Tasmanian Palliative Care](#)

[12.3 End of Life Issues](#)