

Palliative care in SA Family Practice



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Palliative care is an important aspect of clinical management and all health care professionals should develop the knowledge and skills required to manage patients and their families who are facing the diagnosis of life-threatening illness.

WHO Definition of Palliative Care

Palliative Care is an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering, the early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative Care:

- Provides relief from pain and other distressing symptoms
- Affirms life and regards dying as a normal process;
- Intends neither to hasten or postpone death;
- Integrates the psychological and spiritual aspects of patient 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 bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- Will enhance the quality of life, and will also positively influence the course of illness;
- Is applicable early in the course of

illness, in conjunction with other therapies that are implemented to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

WHO August 2002¹



When we consider the WHO definition mindfully, we recognise the importance of applying principles of palliative care early in the course of a life-threatening illness, in fact, from the moment of diagnosis of life-threatening illness alongside other therapies intended to prolong life. The essence of palliative care is quality of life, living as actively as possible in the face of life-threatening illness. So it is important that palliative care is not considered only as hospice care or end-of-life care, and that all practitioners are skilled in the practice of palliative medicine.

This edition of SAFP focuses on some aspects of palliative medicine.

David Cameron explores the challenging

concept of supporting and treating the patient who believes or who has been told that "if your faith is strong enough, you will be healed.." David incorporates a philosophical writing by John Paley from Scotland who makes the statement that a "miracle" or "healing" in the palliative care setting "does not connote 'cure'". This is indeed a thought-provoking article. This article is featured in Open Forum on page 7.

Alan Barnard et al discuss the assessment and management of pain, one of the most feared symptoms and yet one that responds to management when we follow the WHO guidelines and challenge of providing "impeccable assessment and treatment..." Unfortunately, research and clinical audit show that despite having the tools to manage pain many patients still experience undertreated pain, often because their doctors are not skilled or confident in managing this symptom.

Dealing with family and making decisions at the end of life is discussed in an article reprinted from the American Family Physician.

Mark Hosking and Sue Nieuwmeier also demonstrate the team approach in discussing the challenge of counselling the terminally ill patient in their discussion – Can we prepare for death? It may sound strange to be talking about maintaining hope in this setting – they comment that "As the hope of cure recedes, other hopes may be explored." Reading this article gives us a sense of the sensitive and respectful approach the authors have towards their patients and the comfort the caring doctor can bring to patients at the end of life.

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References

1. Sepulveda C et al. WHO definition of Palliative Care Journal of Pain and Symptom Management; 24: 91-96