

Palliative care teams have much to offer

*By Ellen Waldman
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Here are two examples about a medical support service with which you may not be familiar.

Rose was living at home by herself and in chronic pain. She was overwhelmed with all her medications and doctor visits. She needed help knowing what course of treatments really made sense for her at this stage of her life. She was not going to get well, but could the quality of her life be improved with a different type of medical care?

Elsie was residing in a skilled nursing facility after a fall that resulted in a broken bone. She also had dementia that was progressing quite a bit. She did not want treatments, but was not really at the end of her life, either, so she did not qualify for hospice services. What else might help to meet her needs at this point?

What both people accessed was help from a palliative care team. In the Rogue Valley, there are two providers: Asante: 541-789-5005 (Hospice/Transitions is their name for this); and Providence Palliative Care: 541-732-6274. You will need an order from your doctor to receive an assessment for these services, and Medicare covers the costs.

Palliative care's goal is to make the patient's life fuller and to make the most of the life they have. It prioritizes comfort and quality of life at any stage of an illness, including while undergoing active medical treatment.

Palliative care focuses on — and helps manage — distressing symptoms, such as anxiety, depression, difficulty sleeping, fatigue, loss of appetite, pain and spiritual distress associated with illness. They assist their patients in making appropriate choices for care.

In general, palliative care programs provide help with the comprehensive management of the patient's physical, psychological, social and spiritual needs. They also offer counseling, planning assistance and guidance with navigating the complicated medical system.

Additionally, their services include compassionate interventions to help individuals and their families have the difficult conversations about end-of-life, treatment choices, etc. that they might otherwise avoid. Palliative care encourages these talks "when everyone involved isn't fraught with high emotions."

These care teams provide in-hospital palliative care services, as well as in the comfort of the patient's own home. The care team consists of the following:

A physician or nurse practitioner specializing in complex pain and symptom management, as well as complex medical choices facing patients with a serious illness.

A hospice and palliative care nurse with specialized training and experience in serious illness.

A palliative care social worker with expertise in navigating the emotional and spiritual meaning of life cycle events and the interpersonal issues they raise for individuals and their families.

Chaplains with specialized training who provide spiritual and emotional support for patients and their families regardless of faith background.

After being accepted into the palliative care programs, both women found the support they needed in their life. When their conditions had advanced toward the actual end of their lives, the team smoothly transitioned them to their hospice providers.

For those who are still undergoing treatments, perhaps coping with a long-term illness, and not at the stage for hospice, a palliative team is an excellent option for caring, comprehensive medical support.