

Domains of Palliative Care

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- Structure and Processes of Care
- Physical Aspects of Care
- Psychological Aspects of Care
- **Social Aspects of Care**
- Spiritual Aspects of Care
- Cultural Aspects of Care
- Care of Imminently Dying
- Ethical & Legal Aspects of Care

Structure and Process of Care

- Begins with a comprehensive assessment and a care plan that is consistent with a patient's values and goals
- Advance Care Planning: patient and family treatment goals are clearly documented
- The primary non-medical needs expressed most frequently include: a need to express emotional pain, a need to explore spiritual pain, and a need for practical financial and legal help.

Physical Aspects of Care

- Assessment should focus on relieving symptoms, improving/maintaining quality of life and functional status
 - Symptoms may include pain, shortness of breath, fatigue, nausea, constipation, etc.
 - Lack of assessment is the most common cause of unrelieved pain
- Care is delivered in a manner that is patient centered as defined by the patient's wishes

Psychological and Psychiatric Aspects of Care

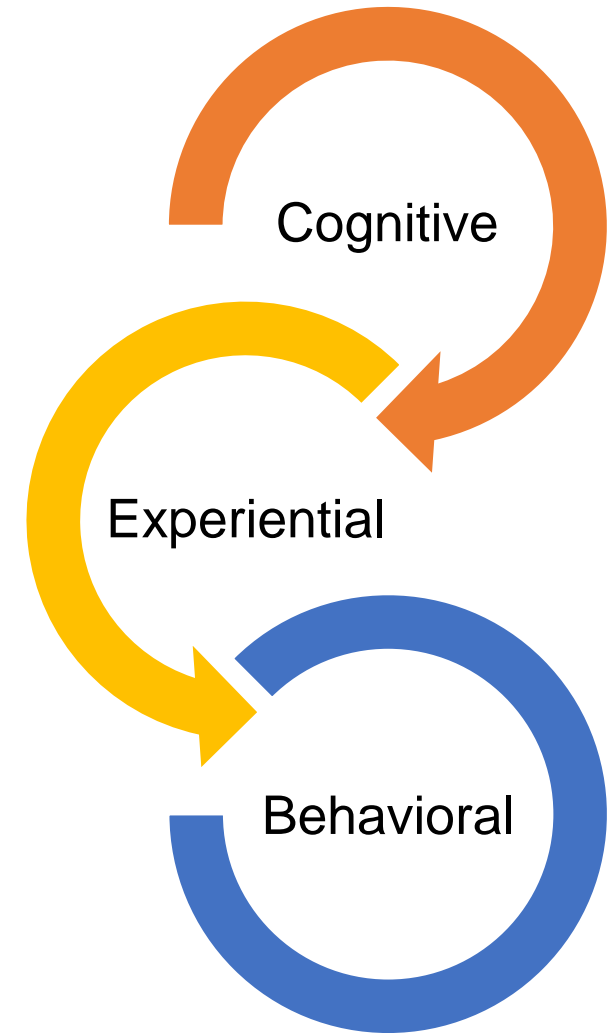
- Psychological status needs to be assessed and managed
- Watch for signs of family members struggling with psychological issues
- Programs and resources should be available to patients and families based on assessed need for services
- Process for appropriate referrals:
 - Directly
 - Through Consultation
 - Specialist Referral

Social Aspects of Care

- Social assessment should address environmental and social factors, including, but not limited to:
 - Social support network
 - Financial barriers
 - Access to care (e.g. transportation, medications)
- Family Meeting: powerful clinical tool for completing the comprehensive assessment and planning process
- Warm handoffs and referrals to local/community service providers

Spiritual, Religious, and Existential Aspects of Care

- Spirituality is a multifaceted, multidimensional human experience that includes religious and nonreligious factors
- Care Team members must acknowledge their own spirituality
- Offer support of spiritual counselor: priest, pastor, chaplain, rabbi, imam, or other religious leader
- Faith, Importance, and Influence, Community and Application (FICA) assessment



Cultural Aspects of Care

- Racial and ethnic minorities experience persistent health care disparities
- Cultural origins influence the way patients and health care providers think about palliative and end of life care
- Respect values, beliefs, and traditions related to health, illness, family caregiver roles and decision making
- Incorporate culturally sensitive resources and strategies into the plan of care
- Remove barriers to communication by ensuring that linguistic needs are met

Care of Imminently Dying

- Whenever possible, early access to hospice care should be facilitated
- Place particular emphasis on days leading up to and just after death of the patient
 - Ensure patient receives adequate management of pain and other symptoms
 - Avoid inappropriate prolongation of dying
 - Address spiritual and cultural needs
- Signs and symptoms of impending death are recognized and communicated to patients and families
- Provide support and education to the family
 - Assist in making critical decisions
 - Relieve possible burdens imposed on loved ones
 - Develop post-death care and bereavement follow up plan

Ethical and Legal Aspects of Care

- Address guardianship and goals of care
 - Identify the health proxy
- Honor patient preferences or those made by legal proxies or surrogate decision makers
- Maintain professional boundaries
- Remain knowledgeable of organizational policies
- Communicate prognosis essential for informed decision making