AVILA INSTITUTE of GERONTOLOGY, Inc.
Education for Compassionate Care

Palliative Care: In Elder Care

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Reflection

"Palliative care is an expression of the properly human attitude of taking care of one another, especially of those who suffer. It bears witness that the human person is always precious, even if marked by age and sickness. The human person, in fact, in whatever circumstance, is a good in and of himself and for others, and is loved by God. For this reason, when life becomes very fragile and the end of earthly existence approaches, we feel the responsibility to assist and accompany the person in the best way."

- Pope Francis

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Palliative Care

Palliative care begins the minute you person is admitted Each person must be assessed for comfort. The intensity of palliative care increases as the diseases one may be facing progresses.

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Palliative Care Defined by the Carmelite Sisters for the Aged and Infirm

Palliative care seeks to provide relief from the five domains of pain that all persons experience when faced with a debilitating diagnosis. Palliative care is not reserved for those who are imminently dying. Palliative care allows each resident to receive the appropriate treatment that brings him/her comfort and the best possible care. Palliative care can be combined with curative care or with less aggressive care. Palliative care is not the same as hospice care or end-of-life care which are reserved for those who are imminently dying.

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Palliative Care vs Hospice Care

- Palliative care is always provided paying special attention to the five domains of pain and is given at the same time curative treatment is being administered.
- Hospice care always provides palliative care paying special attention to the five domains of pain and is implemented when a person is actively dying. A cure or aggressive treatment is considered futile.

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Palliative Care vs Hospice Care

Palliative Care

- Ideally begins at the time of diagnosis and admission.
- No life expectancy requirement.
- Can be used to complement curative care.

Hospice Care

- Most intense form of palliative care.
- Less than 6 months to live.
- Resident agrees to enroll in hospice program.
- Resident chooses not to receive aggressive curative care.

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Carmelite Sisters' Mission of Palliative Care

The goal of palliative care is to relieve pain and ease suffering in the five domains of pain. It focuses on the individual needs of each resident. It is not dependent on a prognosis and is provided throughout a resident's stay. It is provided at the same time as curative and life-prolonging treatments. It provides the best possible care for each resident.

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Goals of Palliative Care

- Relieve pain
- Ease suffering
- Keep residents comfortable
- Provide the best possible care

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Palliative Care: Assessing the Five Pains

- Palliative care provides comfort in five areas of pain that every individual may experience.
- The five types of pain are: physical, emotional, psychiatric, spiritual and familial (Dr. Michael Brescia, Calvary Hospital, Bronx, NY).
- Each pain is to be assessed accurately in order for good palliative care to be performed.

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Suffering and Pain

Physical	pain and symptom control
Psychiatric	delirium and depression
Emotional	isolation, loss of relationships, decreased ability to care for self
Spiritual	uncertainty, why me?, guilt, fear
Familial	what are the roles now?

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Reflection

"The extreme greatness of Christianity lies in the fact that it does not seek a supernatural remedy for suffering. But a supernatural use of it."

– Simone Weil,
French Philosopher 1909-1943

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Physical Pain

Misconceptions about pain:

- Behaviors may actually be a sign of untreated pain and difficult to describe – questions must be pointed.
- Ask yes or no questions to help determine the actual pain experienced.
- Barriers to pain management – lack of pain knowledge – learn all that you can.

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Physical Pain: How to Assess

- Pain assessment for the cognitively impaired.
- Believe the resident when he or she expresses or demonstrates pain.
- Advocate on behalf of the resident by helping the him or her verbalize what is being felt.

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Physical Pain: Providing Comfort

- Offer non-pharmacological interventions.
- Offer pharmacological interventions. For chronic pain, around the clock analgesics may be necessary.

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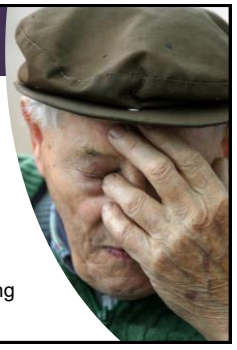
Psychiatric Pain



Suffering caused by alterations in cognition, mood or behavior that go beyond "normal" reactions

- **Delirium** – more likely to have a medical cause (infection, reaction to medication, etc.); important to get to cause quickly
- **Depression** – underdiagnosed among the elderly. It is not "normal"

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Psychiatric: Providing Comfort

- Reassure resident that he or she is safe, and you are there to help in every way.
- Affirm the resident.
- Give resident opportunities to talk.

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Emotional Pain

- **Feeling betrayed** – "Did I do something to deserve this type of disease?"
- **Feeling powerless** – "No matter what I say or do, I do not make sense to myself or others."
- **Not recognizing family** – "This person I am looking at looks familiar; who is she?"
- **Loss of self** – "I used to do many things, now I just take up space."

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Emotional Pain: Providing Comfort

- Emotional pain is the most difficult suffering any person can experience – it is real for people who suffer from dementia
- Being present is most important
- Allow the residents to share feelings within his or her personal reality

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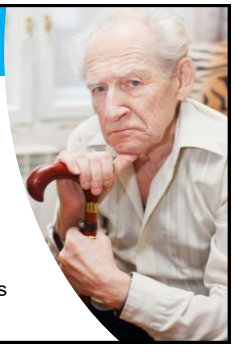
Spiritual Pain

- Resident to God: temporary lost connection
- That which gives my life meaning – is it gone?
- Angry with God
- Resident no longer finds comfort in prayer or in faith traditions or rituals



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Spirituality and Relationships

- With God (or Higher Being)
- Ourselves
- One another

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Spiritual Assessment Tools

Tools used in assessing:

- What has given meaning to the resident's life?
- What is resident's faith experience?
- What is resident's religion?
- Was the resident religious? Spiritual?

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Spiritual Pain: Providing Comfort

- Identify the resident's faith belief.
- Offer relevant signs and symbols of that faith belief – visual aids help the resident to be focused.
- Discuss what brings the resident meaning – questions should be very simple.

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Cultural and Religious Diversity

- Understanding spirituality
- Understanding faith customs, rituals and practices

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Prayer Services

- Simple
- Provide familiar objects
- Familiar prayers
- Time to share
- Music
- Pray while caring for the resident.

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Spirituality and Person-Centered Care

- It values the resident you serve.
- It validates each resident as a unique human being.
- It connects the resident to God, self and others.

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Questions to Ask

- Do you believe in God?
- Do you like go to church?
- Do you pray?
- Do you feel better when you pray?

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Questions to Ask

- Do you talk to God? Does God help you?
- Does prayer help you?
- Do you want to pray with me?

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Familial Pain

- Family member(s) lack under-standing of the disease process.
- "A constant wake"
- Roller coaster of emotions – loved one with dementia physically looks fine, but unable to "find" the person.
- Where can family member(s) turn when they feel everything seems to be out of control?

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Familial Pain: Providing Comfort

- Provide educational opportunities for families and residents.
- Form support group for families and residents.
- Allow families and residents to express their feelings.

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Palliative Care: In Elder Care

"Our concern and dedication for the old people is the expression of our love for God."

- Venerable Mary Angeline Teresa, O.Carm.

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Watch "The Difference is Love," our video about palliative care at www.carmelitepalliative.org

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