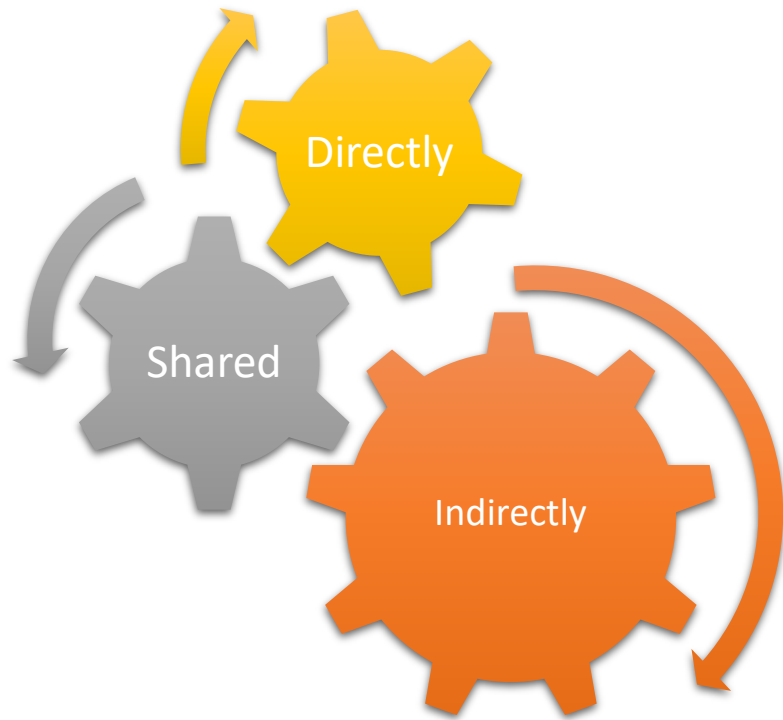




Palliative Care

A brief overview



What is generalist palliative care?

Generalist Palliative Care is palliative care provided for those affected by life-limiting illness as an integral part of standard clinical practice by any healthcare professional who is not part of a specialist palliative care team. Palliative patients can be cared for on any ward.

Introducing a patient to palliative approach care

The timing of the introduction of palliative care is influenced by many factors:

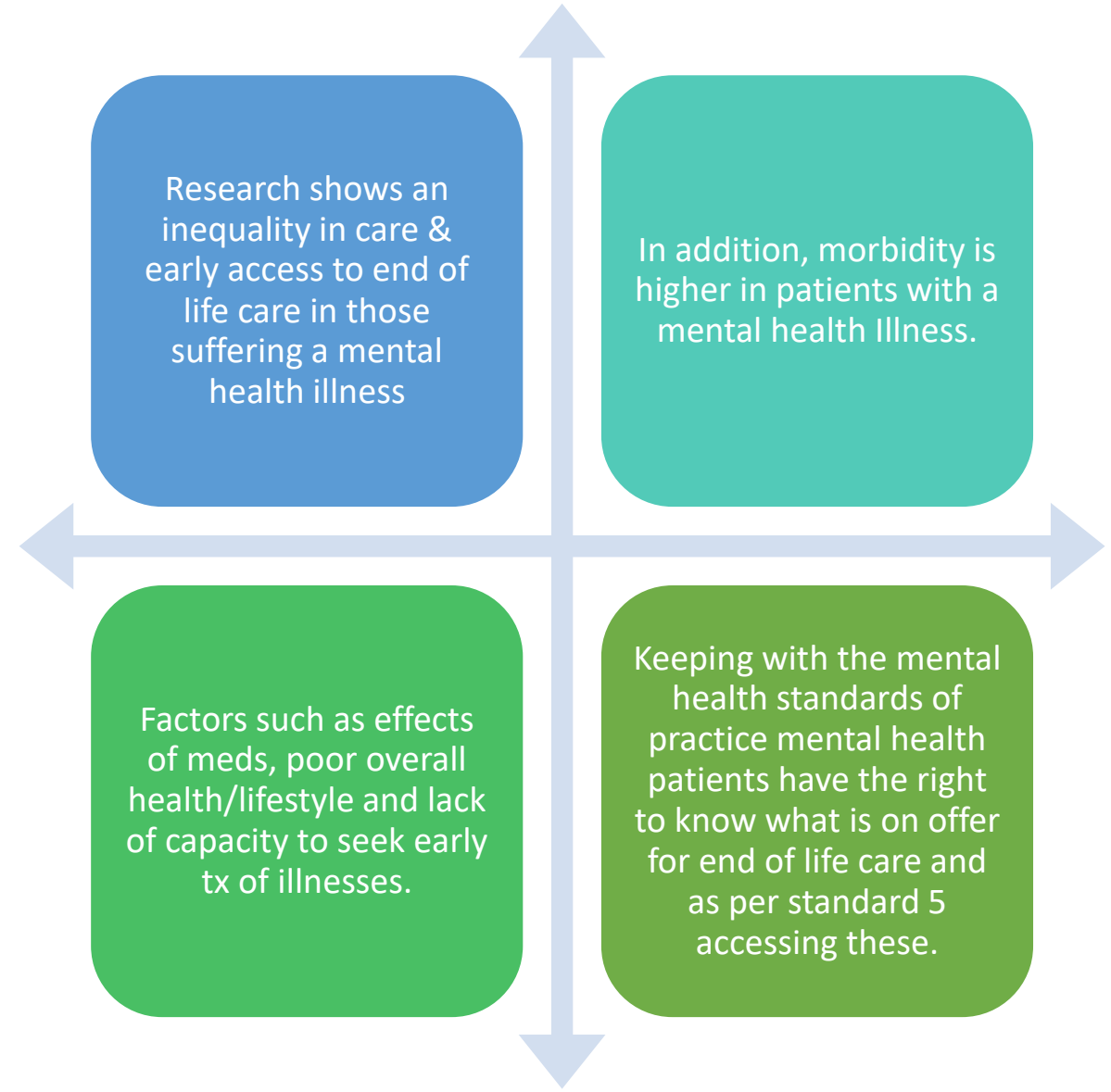
- The nature of the patients disease
- Acceptability & effectiveness of tx available
- Patients cultural beliefs & values re illness and dying
- Age of patient
- Family & other responsibility



Benefits of early introduction of Palliative care

- It is often appropriate to introduce a palliative approach to care from the time it is recognised that a patient has a progressive, life-limiting illness. When a palliative approach is introduced early, supports can be put in place and symptoms can be addressed. In addition, emotional issues can be discussed, and the patient can take time to consider their life goals and preferences. Early discussions can help patients to feel more secure knowing that they will be supported whatever happens. Palliative care can be provided by any member of the health team (Palliative care Therapeutic guidelines,2016)

Mental health and Palliative care



Challenges people with mental illness face with end of life care (in particular those with schizophrenia)

Staff may be unfamiliar with patient with mental illness and may not recognise the signs a person is in distress

Vulnerable group, due to possible social isolation, previous marginalisation and stigmatisation

Greatest challenge for those with schizophrenia receiving good end of life care is late diagnosis. This may be due to a reluctance to seek early treatment due to past experiences with the health system, inability to report pain or symptoms or lack of insight into their health.



Phases of palliative care

stable phase when their problems and symptoms are adequately controlled, further interventions to maintain symptom control and quality of life have been planned, and the family/carer situation is relatively stable.

unstable phase when they develop a new problem, there is a rapid increase in severity of a current problem, or the circumstances of the family/carer change suddenly and impact on patient care.

deteriorating phase, a patient's overall functional status is declining, and they have progressively worsening problems, a new problem, or the family/carer's distress is worsening and is impacting on patient care

terminal phase a patient's death is likely within days.

bereavement phase occurs when a patient has died and bereavement support is provided to the patient's family and carers.

References

- [Topic | Therapeutic Guidelines \(tg.org.au\)](#)