What is Palliative Care?

**WHO Definition of Palliative Care (1990)**

Palliative care is the active total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social and spiritual problems is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families.

Palliative care:
- affirms life and regards dying as a normal process,
- neither hastens nor postpones death,
- provides relief from pain and other distressing symptoms,
- integrates the psychological and the spiritual aspects of care,
- offers a support system to help patients live as actively as possible until death, and
- offers a support system to help the family cope during the patient’s illness and in their own bereavement.

**WHO Definition of Palliative Care (2002)**

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of 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 to neither 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 patients illness and in their own 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 may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

**WHO Definition of Palliative Care for Children**

Palliative care for children represents a special, albeit closely related field to adult palliative care. WHO’s definition of palliative care which is appropriate for children and their families is as follows. These principles can also apply to other paediatric chronic disorders (WHO; 1998a):
- Palliative care for children is the active total care of the child’s body, mind and spirit, and also involves giving support to the family.
- It begins when illness is diagnosed, and continues regardless of whether of not a child receives treatment directed at the disease.
- Health providers must evaluate and alleviate a child’s physical, psychological, and social distress.
- Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resource. It can be successfully implemented even if resources are limited.
- It can be provided in tertiary care facilities, in community health centres and even in children’s homes. From http://www.who.int/cancer/palliative/definition/en/

The term “palliative care” may be used generally to refer to any care that alleviates symptoms, even if there is hope of a cure by other means. A recent WHO statement calls palliative care “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness.” In some cases, palliative treatments may be used to alleviate the side effects of curative treatments, such as relieving the nausea associated with chemotherapy. Palliative care is not just for patients with HIV/AIDS. It is an important part of the care of patients with cancer and with chronic diseases such as diabetes or stroke who require long-term care at home. It is important for those with a curable illness who may have symptoms for many months before they are cured. Though the concept of palliative care is not new, most physicians have traditionally concentrated on aggressively trying to cure patients. Available treatments for alleviation of symptoms were viewed as hazardous and seen as inviting addiction and other unwanted side effects.

Palliative care developed during the hospice movement. A hospice represented a rest place for weary travelers in ancient times, many of whom were ill. Hospice first became associated with the dying in France in 1842. The first modern hospice, St. Christopher’s Hospice, was established in London by Dame Cicely Saunders in 1967. It was the first facility founded as a “place” to care for the dying. Currently, palliative care is much more advanced in Europe, Australia, and Canada than in the United States, and incorporates what is termed “complementary therapies” or “alternative therapies” into everyday practice. In these countries palliative care needs are addressed earlier in the disease process and along the healthcare continuum. In the United States palliative care is associated with end-of-life care, although there are significant governmental reimbursement constraints through the medicare program restrictions.

**What is palliative medicine?**

Palliative medicine has a somewhat more formal ring to it and is very similar in meaning. It suggests that aspect that is the domain of physicians or the more ‘medical’
aspects of palliative care. Palliative Medicine is “the study and management of patients with active, progressive, and very advanced disease for whom the prognosis is limited and the focus of care is quality of life”. This definition was adopted in Great Britain in 1987.

The development of modern multidisciplinary palliative care has included: establishment of inpatient hospice care facilities, providing comprehensive multidisciplinary care including excellent medical treatment; the development of home-based programs, incorporating the principles of multidisciplinary care involving nurses trained in palliative care and the patient’s own doctor, with support from a multidisciplinary palliative care team; the establishment of hospital-associated hospices and hospice wards: the acceptance of multidisciplinary palliative care back into ‘mainstream’ hospital medicine; and the development of consultative palliative care services in hospitals allowing earlier involvement by multidisciplinary palliative care and education by example.

Palliative care also involves educating physicians, nurses, and other home care professionals in the essentials of interdisciplinary palliative care.

Summary

Palliative care, with its aim of the best possible quality of life for patients and their families who have life-threatening and incurable illnesses, is considered the gold standard of care for all aspects of a patient’s suffering. The goals of palliative care can and should be incorporated into everyday practice.

To cure, occasionally
To relieve, often
To comfort, always

Hippocrates (5th Century BC)

REFERENCES


Noppadol Soparattanapaisarn, M.D.