Palliative Care

End of Life Choices Workshop

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“When someone is born, we rejoice. When someone is married, we celebrate. When someone dies, we pretend that nothing has happened.”

-Margaret Mead
History

- Hospice
  - Place of shelter for pilgrims
  - ~Middle Ages in Europe
- Food, refuge and spiritual encouragement to prepare them for their continuing journey.
History

- Mary Aikenhead - opened the first modern hospice in Dublin (19th Century)
- Founded an order of nuns called the Sisters of Charity
  - Provided medical and spiritual services including care for people who were dying
- She began the order in her own home and coined the name hospice.
History of Palliative Care

- Aikenhead
  - Death - the beginning of a journey
  - Hospice was a place of refuge, just as in the Middle Ages, but for a different kind of journey.
History of Palliative Care

- Modern hospice movement
  - Dame Cicely Saunders (1966) – nurse, social worker, then physician launched St. Christopher’s Hospice.
  - Spent more than fifty years creating both a philosophy and practice of care to humanize the dying experience for patients and families
  - ‘Total Pain’ – Physical, social, psychological, spiritual model of suffering
History of Palliative Care

- Dr. Elisabeth Kübler-Ross
  - Psychiatrist
  - Founded the Death with Dignity Movement with her book ‘On Death and Dying’ in 1969
  - One of the most well known authorities on dying, death and grief
Stages of grief

“These stages do not replace each other but can exist next to each other and overlap at times.”
STAGES OF GRIEF

My experience

Loss-Hurt
Shock
Numbness
Denial
Emotional Outbursts
Anger
Fear
Searchings
Disorganization
Panic
Loneliness
Guilt
Isolation

Loss Adjustment
Helping Others
Affirmation
Hope
New Patterns
New Strengths
New Relationships
"Re-Entry" Troubles

Loss-Hurt
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Exercise

- Write down the 10 most important things to you. It could be people, places, and objects. Put one item in each box.
World Health Organization
Definition of Palliative Care

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 & other distressing symptoms
- Affirms life and regards dying as a normal process
- Intends neither to hasten or postpone death
- Integrates the psychosocial and spiritual aspects of patient care
Palliative Care

- Offers a support system to help patients live as actively as possible until death
- Uses a team approach to address the needs of individuals and their families/support networks, including bereavement services, if needed
- Will enhance quality of life and may also positively influence the course of the illness
Palliative Care

- Sensitive to personal, cultural and religious beliefs
- Individual and family are at the center of care—respectful of individual autonomy and dignity
- Care should be available regardless of choice of setting
- Based on exchange of information/education as needed
Communication

"I know exactly how you feel."
Basic Principles of Communication

- Get the setting right
  - Face the person, maintain eye contact, lean forward, maintain open body position, relaxed body
- Listen
- Ask open ended questions
- Be silent
- Be honest describing own feelings
Basic Principles of Communication (Cont’)

- Check for misunderstandings
- Do not make assumptions
- Do not change the subject
- Do not give advice
- Be prepared to respond to humour
- Be genuine, non-judgmental and empathetic
Keep it SIMPLE
27th Annual Provincial Palliative Care Conference

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Victoria Inn Hotel and Convention Centre
1808 WELLINGTON AVENUE, WINNIPEG, MANITOBA