

Palliative care from diagnosis to death: developing a rationale



Early palliative care may prolong life as well as improve its quality. But it is frequently only started in the last weeks or days of life and largely for people with cancer. Its huge potential to minimise and prevent pain and distress across illnesses is not realised.

Aims

- To suggest how and when palliative care might be integrated with curative care for people with all conditions.

Methods

We synthesised 12 papers reporting on 1411 in-depth serial interviews with people who had life-threatening conditions and their carers from studies we had carried out in the last 15 years. We innovatively displayed physical, social, psychological and spiritual needs graphically along a time line, to create images to help us display and communicate patterns of wellbeing and distress experienced by people with different illnesses.

Conclusions

An understanding of these multi-dimensional trajectories by clinicians can help them trigger and develop a form of early palliative care that is patient-centred and responsive to their changing circumstances. A core competency of all health professionals should be early identification of people who might benefit from palliative care.

Authors

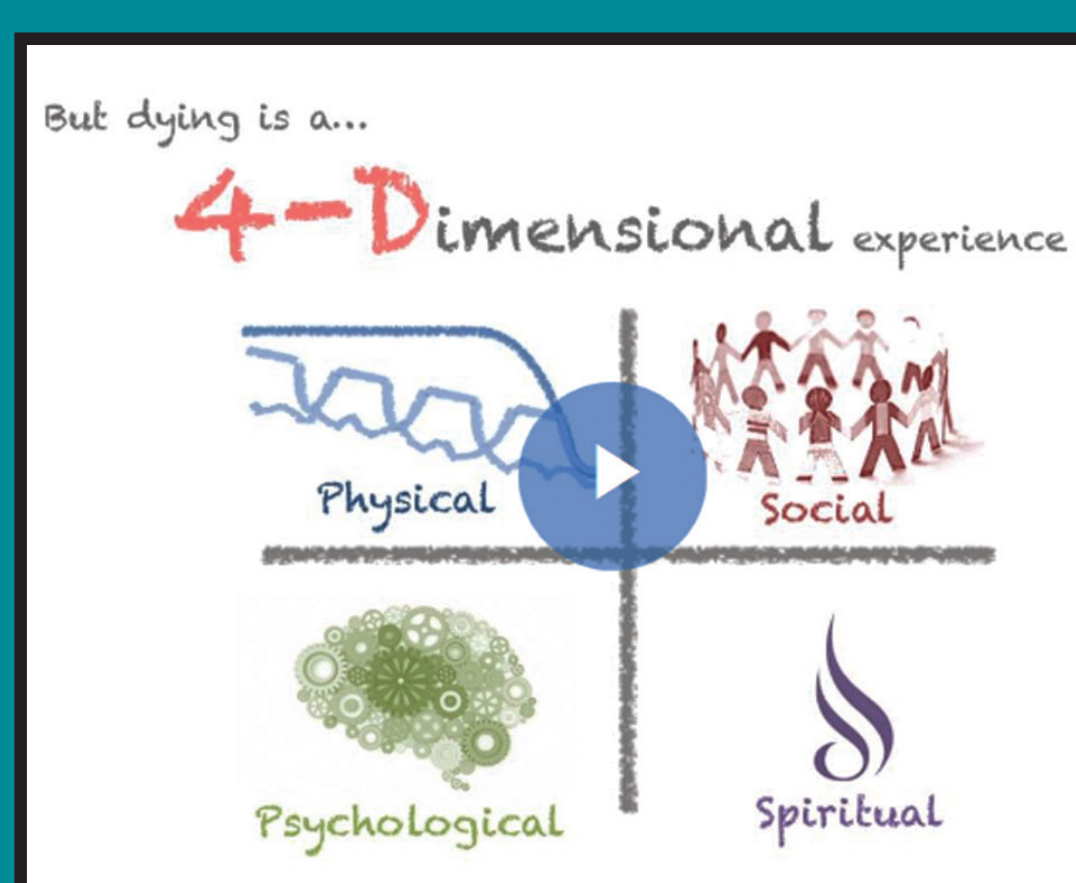
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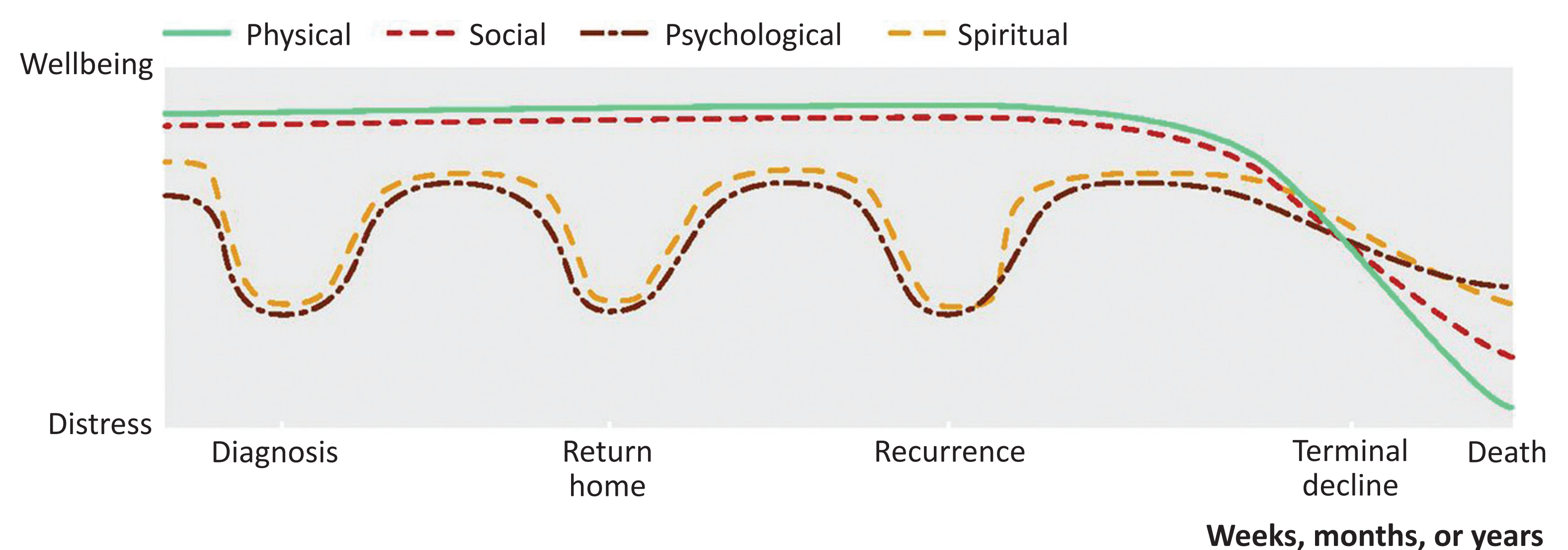
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Since submission of this poster, this concept has been published in the BMJ <http://bmj.com/cgi/content/full/bmj.j878> complete with a short embedded video

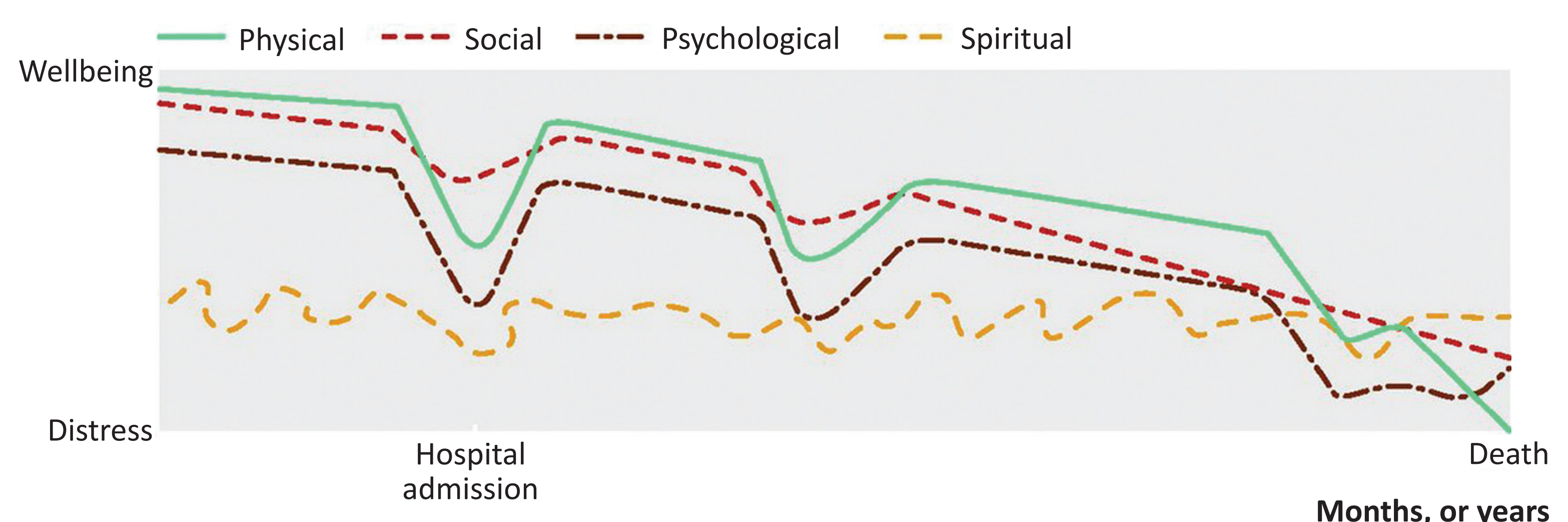
Figure 1: Wellbeing trajectories in patients with conditions such as cancer causing rapid functional decline.



Social decline typically parallels the physical, while psychological and spiritual wellbeing often dip together at four key times.

THUS AN EARLY PALLIATIVE CARE APPROACH TRIGGERED BY PSYCHOLOGICAL DISTRESS AROUND DIAGNOSIS MAY BE INDICATED LONG BEFORE PHYSICAL DETERIORATION.

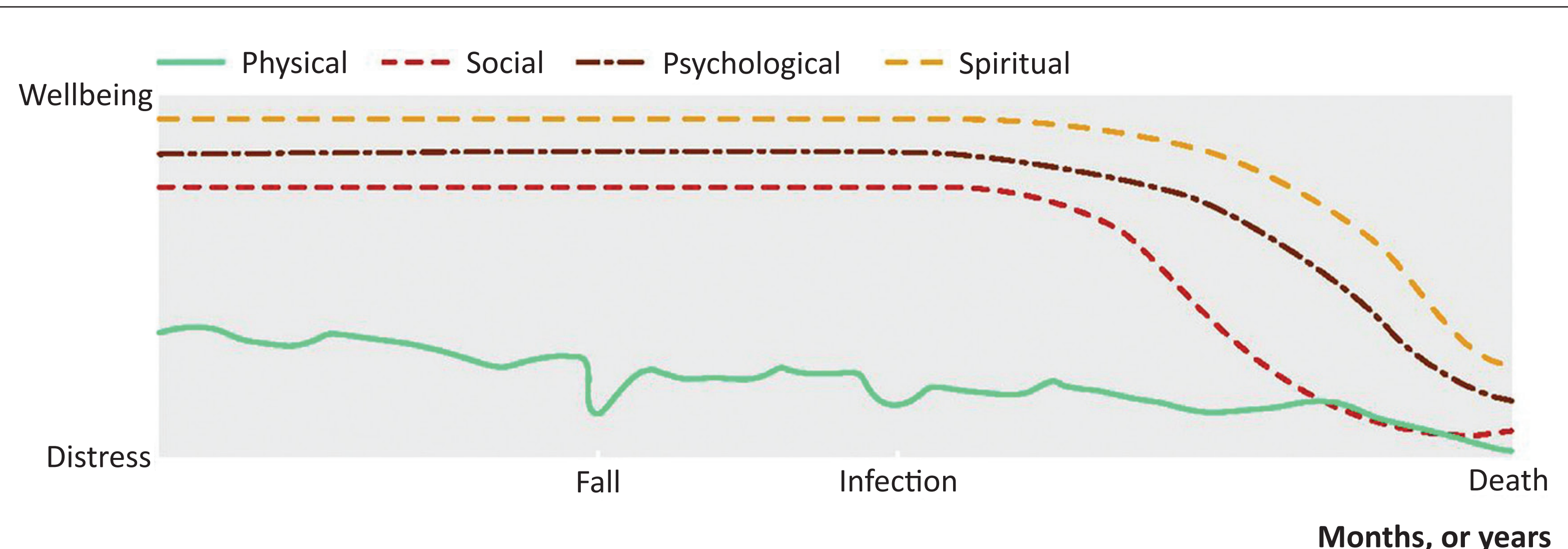
Figure 2: Wellbeing trajectories in patients with intermittent decline (typically organ failure or multimorbidity).



Acute anxiety and social distress may occur with the acute physical distress.

THUS SOCIAL AND PSYCHOLOGICAL SUPPORT TO PREPARE PEOPLE FOR THIS IS HELPFUL.

Figure 3: Wellbeing trajectories in patients with gradual decline (typically frailty or cognitive decline).



Psycho-social and existential distress may well predate physical decline.

THUS SUPPORT TO DECREASE WORRIES AND MAINTAIN RESILIENCE IS PATIENT-CENTRED PALLIATIVE CARE.