

Engaging Spirituality in Social Work for Palliative Care and Hospice

Conversations about Comfort, Support,
and Quality of Life

written by

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World Health Organization's 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**.

Definition of Palliative care

- **Pallium** - A cloak or mantle worn by the Romans and Greeks which covers the whole person. (Latin)
- **Palliative Care** – Caring for the whole person with respect for personal choices and relief of suffering (physical, emotional, spiritual) .

Palliative Care is..

- **Comprehensive, specialized care** provided by an **interdisciplinary team** to patients and families living with life-threatening or advanced severe illness expected to progress toward dying and where care is particularly focused on **alleviating suffering and promoting quality of life.**
(cont.)

Palliative Care is (cont.)

- Major concerns are pain and symptom management, information sharing and advanced care planning, psychosocial and spiritual support, and coordination of care.
- **American Academy of Hospice and Palliative Medicine, 2003**

Hospice & Palliative Care: What's the difference ?

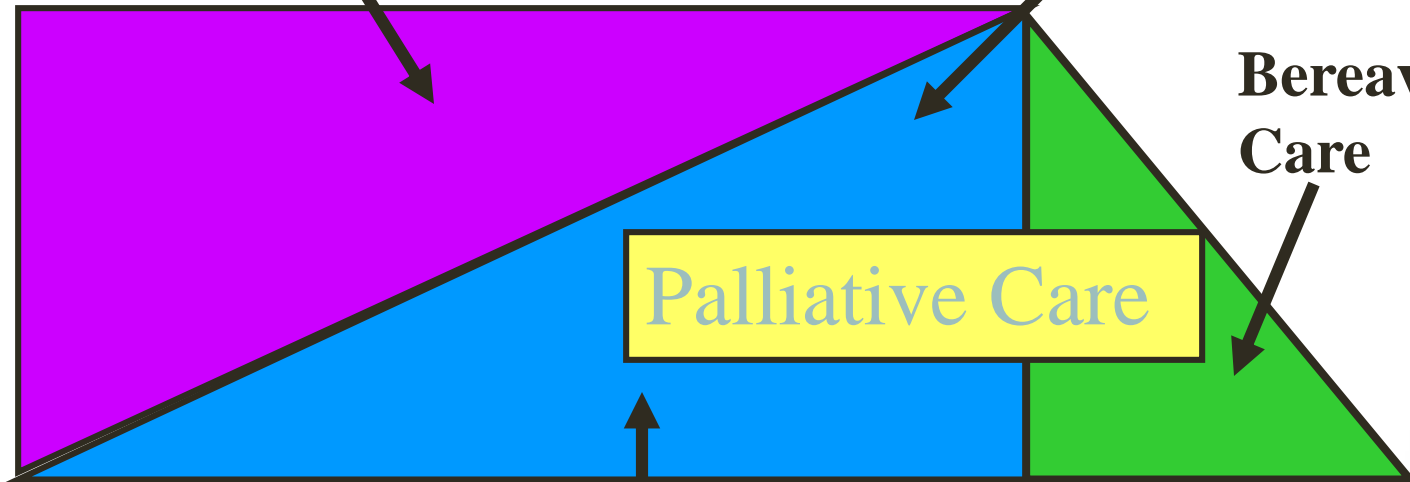
- Hospice is a program of care provided across many settings
- As people progress to the last phase of life, hospice provides comprehensive palliative care
- Hospice pts. often choose to discontinue disease modifying treatments and hospitalizations, opting for care focused on comfort and meaningful quality of life
- Hospice supports patients through the dying process and family support continues through bereavement
- Palliative care is a “*philosophy*” of care which may include hospice at the end of life phase
- Palliative care begins at the time of diagnosis of a serious illness
- May be used to complement curative care, other therapies that are appropriate to the goals of care
- Palliative care patients often use disease modifying treatments concurrently with excellent symptom management & begin discussions regarding end of life issues and advanced care planning

Hospice vs. Palliative Care

- Palliative care is **not** synonymous with terminal illness, though there is usually a terminal phase of palliative care.
- This terminal phase tends to be regarded by many acute care hospitals and healthcare providers as the **only** appropriate time for palliative care.
- Palliative care begins **earlier** in the treatment plan and extends through hospice and beyond end of life.

Palliative Care

Therapy with Curative Intent



Hospice

Bereavement Care

Palliative Care

Presentation

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Death

Symptom Rx Supportive Care

Palliative Care Indicators

- Progressive disabling disease
- Frequent hospitalizations
- Life limiting illness
- Quality of life issues
- Any patient with a condition producing pain or other symptoms which can & must be relieved, reduced, soothed, and prevented.....

Palliative Care Consulting Team (PCCT)

- The PCCT is an *interdisciplinary team (IDT)*
- Palliative Care patients experience aspects of physical, emotional, spiritual, & social issues in life. As do their families...
- The PC IDT incorporates expertise in each area to promote a more effective holistic approach to the complex needs of patients & families

The PC Team continued

- Excellent communication
- Team conferences
- IDT approaches to patient/family meetings
- Role blending to provide coordinated, comprehensive care
- Roles are dynamic, changing, growing, and overlapping
- This requires close TEAM WORK....

The Palliative Care Consultation Team at LMH aims to:

- Address physical, spiritual, and emotional suffering
- Support family and caregivers
- Facilitate goals of care and decision making
- Communicate patient's wishes for care to other providers
- Provide educational opportunities for patients, families, community organizations, & health care providers.

Services Provided

- Pain & symptom management
- Family conferences to assist with goals of care and advanced care planning
- Patient & family education & support
- Decisions about artificial nutrition & hydration
- End of life care
- Assistance with discharge planning
- Collaboration with hospice providers
- Advance directives/code status

Palliative Care Conversations

- Comfort
- Burden-vs-Benefit
- Suffering
- Support
- Quality of Life
- Patient Autonomy

Role of Social Worker

- Assess patient's and family's needs
- Provide helpful information
- Facilitate reviewing personal history and wishes
- Discuss what to expect in dying process
- Discuss ways of honoring and remembering a person
- Offer culturally and spiritually sensitive grief and loss counseling
- Acknowledge death when it occurs

Case Presentations



Case Example, Palliative Care:

Ms. J, a Spiritual Retreat Center Member

- Ms. J was a 63 year old, single female who visited the doctor due to sudden weight loss and shortness of breath. Examination did not reveal anything significant.
- Ms. J visited her doctor again due to shortness of breath within 1 week. She went home with respiratory treatment.
- Ms. J was asked to do a chest x-ray at her convenience, nothing urgent.
- Her chest x-ray showed inoperable tumors pressing her air ways.

Ms. J continued

- Ms. J came to hospital due to chest pain and inability to breathe comfortably
- Ms. J belonged to a Catholic retreat center where she practiced meditation, yoga, reading scripture, prayer and meditation.
- She wanted to be closer to God in ways she could be embraced by divine light and grace.
- She made plans how to die in a very supportive and caring setting.

Ms. J continued

- Her close friends created a sacred space in hospital room by bringing in her special objects that were conducive to meditation and prayer.
- Friends and staff cared for her physically, emotionally, and spiritually.
- Many hours were spent in quiet mediation.
- Ms. J died within 3 weeks from her original diagnosis.

Case Example: “Going Home” – Hospice

- An African American woman was admitted to Intensive Care Unit one day after becoming a hospice care patient at daughter’s home in Lawrence.
- She had bi-lateral above knee amputations, diabetes, dialysis dependence, and pneumonia. She was unresponsive but breathing.
- She was visiting a daughter in Lawrence but her home was 1,000 miles away from here.
- She never spent a winter in a cold climate.
- The daughter who lives with patient in another state wanted to take her ‘home.’”

Case Example, Hospice: “unfinished business”

- This was a divorced homeless man who came to LMH as he has been losing wts.
- He was diagnosed for advanced lung cancer with a very short time to live.
- He had no other support and no health insurance.
- He had unfinished business to take care of after his terminal diagnosis.

Case Example: “Speaking to God”

- This was a widowed woman who has been a very strong spiritual and religious practice.
- She was affected by stroke with speech impairment with no use of her own body without assistance.
- She had no other family members except for her church supporters.

Case Example: “Seeing God”

This was a 69 year old, married male who died from heart attack clinically but came back to life after he experienced seeing the God.

He had to resolve conflicts with his children first before he can die.

Case Example: “Jehovah’s Witness”

She was a RN (nurse) who had renal failure that necessitated for kidney dialysis and blood transfusion.

She would die without blood transfusion.

Case Example: “I am an atheist”

This was a retired biology professor who taught many medical doctors and scientists.

He became disabled at young age from an accident.

Discussion

