

Integrated Palliative Care Model for Comprehensive Patient Care

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Introduction: Palliative care is developing as an area of special clinical competence throughout the world. The World Health Organisation (1990) and the Barcelona (1996) declarations both called for palliative care to be included in every country's health service. This integrated Palliative care Model for Comprehensive Patient Care will strengthen the Quality of life of patients with terminally illness.

Palliative care Model by WHO

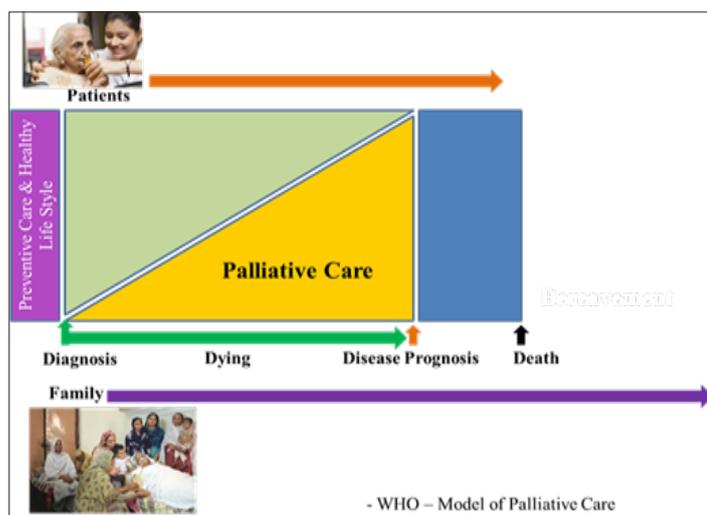


Fig.1: Modified WHO Model of Palliative care (1990)

The Goals of Palliative Care

- To maximise the quality of life
- To provide psychosocial and spiritual care
- To prevent unwanted hospital stay
- To reduce financial burden

Integrated Palliative Care Model for Comprehensive Patient Care

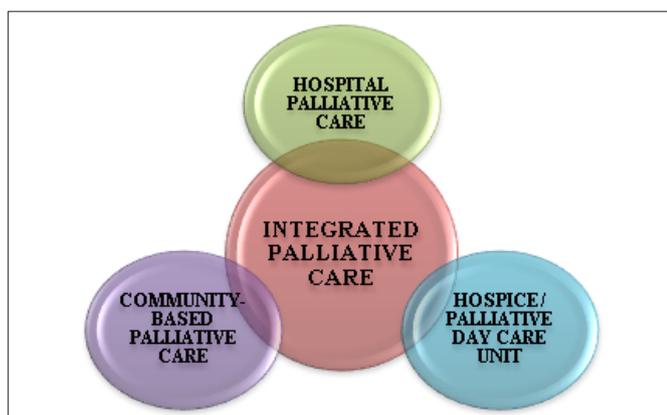


Fig.2: Integrated Palliative care Model for Comprehensive Patient care

The multidisciplinary clinical team consists of:

- Physician(s)
- Nurses (for both in-patient care and community care)
- Social Worker
- Physiotherapist
- Occupational Therapist
- Chaplain or Pastoral care worker

A. Hospital palliative care Services

1. Consultation services
2. Palliative care unit (tertiary or acute)
3. Combination of 1) and 2)

Patients will be benefited by having access to consultation from other specialties, imaging, radiotherapy, and other useful palliative modalities.

B. Hospice / Palliative Day Care Unit

- It is a model of care designed for patients being cared for at Nursing Home or Day Care Home. The patient is enabled to remain at home as long as possible and by attending the Day Unit.
- particular attention must be paid to their needs because the success or failure of palliative care may depend upon the caregivers' ability to cope

C. Community Palliative Care Services (CPS)

- It is a model of care designed for provide health care services for terminally ill patients in their own homes or the home of relatives, or care homes and regular visits by Chaplain, Physiotherapist, Occupational Therapist and Social workers to help the clients and family to cope with the illness.

Palliative Comprehensive Patient Care

i. A caring attitude

- There is concern for all aspects of a patient's suffering, not just the medical, nursing or welfare work problems

ii. Consideration of individuality

- The practice of classifying patients by their primary disease, supported the connection of the medical issues encountered, fails to recognize the psychosocial features and issues that make each patient a singular individual.
- Particular attention must be paid to their needs because the success or failure of palliative care may depend upon the caregivers' ability to cope

iii. Cultural considerations

- Ethnic, racial, religious and other cultural factors may have a profound effect on a patient's suffering
- cultural differences are to be respected and treatment planned during a culturally sensitive manner

iv. Consent

- The consent of a patient, or those to whom the responsibility is delegated, is important before any treatment is given or withdrawn
- Particular attention must be paid to their needs because the success or failure of palliative care may depend upon the caregivers' ability to cope
- Choice of site of care
- The patient and family need to be included in any discussion about the site of care (Hospitalized, Day Care Center Or Community Palliative Care Services.)

vi. Communication

- Good communication between all the health care professionals, patients and families involved in a patient's care is essential and is fundamental to many aspects of palliative care. There is strong evidence that such communications are less than optimal.
- Particular attention must be paid to their needs because the success or failure of palliative care may depend upon the caregivers' ability to cope

vii. Clinical context: Appropriate treatment

- All palliative treatment should be appropriate to the stage of the patient's disease and therefore the prognosis
- Wemployed, all efforts are directed at the relief of suffering and therefore the quality of life, and not necessarily at the prolongation of life

viii. Comprehensive inter-professional care

- The provision of total or comprehensive look after all aspects of a patient's suffering requires an interdisciplinary team
- particular attention must be paid to their needs because the success or failure of palliative care may depend upon the caregivers' ability to cope

ix. Care excellence

- palliative care should deliver the simplest possible medical, nursing

and allied health care that's available and appropriate

x. Consistent medical care

consistent medical management requires that an overall plan of care to be established, and frequently reviewed, for every patient

- This will reduce the likelihood of sudden or unexpected alterations, which may be distressing for the patient and family. it's going to lessen the prospect of crises or medical emergencies which may frighten the patient and relatives.

xi. Coordinated care

- Involves the effective organization of the work of the members of the inter professional team, to supply maximal support and care to the patient and family
- Care planning meetings, to which all members of the team can contribute, and at which the views of the patient and therefore the family are presented, are essential to develop an idea of look after each individual patient

xii. Continuity of care

- Problems most often arise when patients are moved from one place of care to a different and ensuring continuity of all aspects of care is most vital .

xiii. Caregiver support

- The relatives of patients with advanced disease are subject to considerable emotional and physical distress, especially if the patient is being managed reception
- Particular attention must be paid to their needs because the success or failure of palliative care may depend upon the caregivers' ability to cope

xiv. Continued reassessment

- This applies the maximum amount to psychosocial issues because it does to pain and other physical symptoms

Conclusion: Evidence-based standards of palliative care services, that specialize in improving clinical and organizational knowledge and practice are needed altogether settings. This integrated Palliative Model for Comprehensive Health Care got to be adopted at Simple and low-cost Public Health System and may be implemented to succeed in the bulk of the target population, particularly in low-resource settings, where the bulk of cases are diagnosed in late stages.