A Palliative Diagnosis, A Palliative Patient, What is Behind These Words?

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Palliative care (from Fr. palliatif from Lat. Pallium - bedspread, cloak) is an approach that improves the quality of life of patients (children and adults) and their families who are faced with problems associated with a life-threatening disease by preventing and alleviating suffering for due to the early detection, careful assessment and treatment of pain and other physical symptoms, as well as the provision of psychosocial and spiritual support. Psychosocial and spiritual support should not be stopped with the death of the patient; it should continue during the period of mourning.

The most expressive, sharp and emotional, from my point of view, is the process of working with a palliative patient with an oncological diagnosis. When a person finds out about his diagnosis, often already at the stage, which does not give a chance of success in the cure and any significant continuation of life, the person already "mentally dies." Finding a palliative care specialist, psychologist, cleric next to him at this moment can play a decisive role in the quality of his future period of life. A multidisciplinary team of like-minded specialists is a decisive factor in the quality of life for a palliative patient. Every day, in your work with patients, your vision of the world, of life, of what really has value also changes.

In recent years, on foreign educational platforms, more and more articles and examples have appeared that palliative medicine sets new standards, new markers of quality palliative care appear. One of the first places is the indicator - “Good death”, good death, quality of death. Despite the discord that this phrase causes in us, it includes the ENTIRE essence of high-quality palliative care, the quality of work and the efforts of the entire multidisciplinary team, each employee. This indicator becomes a determining one when assessing the quality of palliative care for leading organizations such as EAPC, IAPCN (European Association of Palliative Care, World Association of Palliative Care).

At the moment, our domestic health care system is not experiencing the best moment of its existence. Reform, a radical breakdown of the Soviet system, the transition to new working conditions and new standards, all this is complex and uncertain. In an effort to preserve the “beds”, “shtaty” and other attributes of the past years of our medicine, healthcare managers and managers often have the temptation to hang up the “palliative ward” sign and report on the creation of palliative “beds”. This often happens on the ground. During an audit of such departments and beds, it turns out that in fact there is no question of any palliative care in this case. Just a set out to "survive as a medical facility."

Now in our country, palliative medicine is only born and is at the very beginning of its development path. We have all the “childhood diseases” of the formation of a new medical specialty, which in most cases works only thanks to individuals, palliative enthusiasts, non-governmental organizations, charitable foundations and volunteers. I think we will successfully pass this stage, it just takes time, more time. Gradually, with the advent in our society of an increasing number of information resources about palliative care, the initiatives of our foreign colleagues, their successes, an opportunity appears to positively influence the processes taking place in our society. There was an opportunity to widely cover human rights not only for a decent life, but also for a decent death. More recently, in the whole society in the territory of the post-Soviet space, the theme of death, the theme of death was taboo, something indecent.

In my opinion, the main challenge faced by a doctor providing palliative care in the countries of the former Soviet Union is the huge number of myths and legends that accompany morphine, pain, attitude to pain and to a patient with pain. Every day, with each new patient, one has to break down the barriers to adequate pain relief. Education, perseverance in acquiring new knowledge and skills in palliative medicine, will definitely change the situation for the better. I am sure about that. Time will confidently and inevitably put everything in its place, and we continue our work.

Patients of our institution mainly have oncological diagnosis. Over 90% of our patients have pain as one of the leading symptoms that accompanies the end of life. Pain management, pain management is one of the leading priorities of our center. Every day, in your work with patients, your vision of the world, of life, of what really has value also changes. An understanding comes of how quickly time flies and how little you have to help a person, to alleviate his physical and spiritual suffering.

With everyday hustle and bustle, in the maelstrom of life, in the worries and everyday trifles, we forget about the essence of life. Often we seek and try to reach either ephemeral peaks or illusions. We do not know ourselves and do not remember who we are, we are afraid of “tomorrow” and we regret “yesterday”.

We cannot answer the questions of what life is and what death is. It seems to us that we live forever and never die. As a result, we live life on the fly and do not think about death.

In my opinion, in high-quality palliative care, the issues of physical pain, the issues of ethics and morality, the spiritual aspect and the philosophical component of what we call life and death are inextricably intertwined.

My patients ask me the same question - doctor, is that all? Doctor, is this my one-way ticket? I honestly answer, yes - this is a one-way ticket. We have it with everyone who lives, a one-way ticket. It’s just that you already have a date open, but often people change places, dates.

Yes, an incurable diagnosis is a “ticket with an open date and one way,” only the road should be as comfortable as possible, without physical, moral and spiritual suffering. Death must be good. "Good death"