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# Palliative care ensure that life remains meaningful

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## Abstract

Each year an estimated 56.8 million people are in need of palliative care, most of whom live in low- and middle-income countries. For children, 98% of those needing palliative care live in low- and middle-income countries with almost half of them living in Africa. Palliative care is care that provides relief from symptoms resulting from disease or injury. In comparison to curative care, which is meant to cure a disease, palliative care is meant to make the patient more comfortable. The definition of palliative care is "to make a disease or its symptoms less severe or unpleasant without removing the cause." Palliative care will lessen or "palliate" the symptoms and improve your quality of life. Palliative care can help ensure that life remains meaningful and fulfilling despite living with a serious illness. It does this through: practical help, for example, some families may need support with adapting their homes to support a person with a serious health problem; physical care: looking after the needs of the body, through mobility aids and exercises, for instance; medicines: medicines can be used to help with symptoms like pain, vomiting, breathlessness, anxiety, depression and confusion; spiritual support: helping people meet their spiritual needs, such as feeling a sense of belonging, repairing relationships and searching for meaning;emotional support: helping people and their families through the complex emotional challenges of living with a serious illness. Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual. Addressing suffering involves taking care of issues beyond physical symptoms. Palliative care uses a team approach to support patients and their caregivers. This includes addressing practical needs and providing bereavement counselling. It offers a support system to help patients live as actively as possible until death. The goal of palliative care is to relieve suffering and provide the best possible quality of life for patients and their families. Symptoms may include pain, depression, shortness of breath, fatigue, constipation, nausea, loss of appetite, difficulty sleeping, and anxiety. The team will help you gain the strength to carry on with daily life. In short, palliative care will help improve your quality of life. Palliative care provides relief in a variety of ways. Physical symptoms such as pain, fatigue, loss of appetite, nausea/vomiting and sleep loss can all be mitigated with palliative approaches, whether through drugs, nutrition, deep breathing, or acupuncture.

**Keywords:** Palliative Care; Quality of Life; Pain; Illnesses; Cancer

## 1. Introduction

Palliative care was first developed in England in the mid-20th Century by Dame Cicely Saunders. The aim of palliative care is to prevent and alleviate the physical and mental symptoms of life-threatening illnesses such as cancer, neurological conditions, cardiopulmonary diseases, kidney disease, HIV, and so on, and to provide holistic care and support to patients with the various difficulties they may face. According to a WHO survey relating to noncommunicable diseases conducted among 194 Member States in 2019: funding for palliative care was available in 68% of countries and only 40% of countries reported that the services reached at least half of patients in need. The International Narcotics Control Board found that in 2018, 79 per cent of the world's population, mainly people in low- and middle-income

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countries, consumed only 13 per cent of the total amount of morphine used for the management of pain and suffering, or 1 per cent of the 388 tons of morphine manufactured worldwide. Although that was an improvement over 2014, when 80 per cent of the world's population consumed only 9.5 per cent of the morphine used for the management of pain and suffering, the disparity in the consumption of narcotic drugs for palliative care between low- and middle-income countries and high-income countries continues to be a matter of concern. Barriers to palliative care include: lack of awareness among policy-makers, health professionals and the public about what palliative care is, and the benefits it can offer patients and health systems; cultural and social barriers, such as beliefs about death and dying; misconceptions about palliative care, such as that it is only for patients with cancer, or for the last weeks of life; and misconceptions that improving access to opioid analgesia will lead to increased substance abuse. National health systems are responsible for including palliative care in the continuum of care for people with chronic and life-threatening conditions, linking it to prevention, early detection and treatment programmes. This includes, as a minimum, the following components: health system policies that integrate palliative care services into the structure and financing of national health-care systems at all levels of care; policies for strengthening and expanding human resources, including training of existing health professionals, embedding palliative care into the core curricula of all new health professionals, as well as educating volunteers and the public; and a medicines policy which ensures the availability of essential medicines for managing symptoms, in particular opioid analgesics for the relief of pain and respiratory distress. Palliative care is most effective when considered early in the course of the illness. Early palliative care not only improves quality of life for patients but also reduces unnecessary hospitalizations and use of health-care services. Palliative care needs to be provided in accordance with the principles of universal health coverage. All people, irrespective of income, disease type or age, should have access to a nationally- determined set of basic health services, including palliative care. Financial and social protection systems need to take into account the human right to palliative care for poor and marginalized population groups. Palliative care medicines, including those for pain relief, are included in WHO Essential Medicines List and the WHO Essential Medicines List for Children. Palliative care is recognized in key global mandates and strategies on universal health coverage, noncommunicable diseases, and people-centred and integrated health services. WHO Guidelines for the pharmacological and radiotherapeutic management of cancer pain in adults and adolescents were released in 2019 [1-7].

## 2. Palliative care - Chronic Pain and Diseases

WHO's work to strengthen palliative care focuses on the following areas: integrating palliative care into all relevant global disease control and health system plans; assessing the development of palliative care services; developing guidelines and tools on integrated palliative care across disease groups and levels of care, addressing ethical issues related to the provision of comprehensive palliative care; supporting Member States in improving access to palliative care medicines through improved national regulations and delivery systems; a special focus on palliative care for people living with HIV, including development of guidelines; promoting increased access to palliative care for children (in collaboration with UNICEF); monitoring global palliative care access and evaluating progress made in palliative care programmes; developing indicators for evaluating palliative care services; encouraging adequate resources for palliative care programmes and research, especially in resource-limited countries; and building evidence of models of palliative care that are effective in low- and middle-income settings. Palliative Care complements and does not replace the treatment that a patient may be receiving. It can be implemented early on, right from the time of the diagnosis, in combination with chemotherapy and radiotherapy, and it includes the investigation and the management of difficult symptoms and complications. Palliative care aims through a holistic approach to improve a patient's quality of life throughout the course of an illness. Palliative care focuses primarily on anticipating, preventing, diagnosing, and treating symptoms experienced by patients with a serious or life-threatening illness and helping patients and their families make medically important decisions. The ultimate goal of palliative care is to improve quality of life for both the patient and the family, regardless of diagnosis. Although palliative care, unlike hospice care, does not depend on prognosis, as the end of life approaches, the role of palliative care intensifies and focuses on aggressive symptom management and psychosocial support. Palliative care is person and family-centred care provided for a person with an active, progressive, advanced disease, who has little or no prospect of cure and who is expected to die, and for whom the primary goal is to optimise the quality of life. Palliative care helps people live their life as fully and as comfortably as possible when living with a life-limiting or terminal illness. Palliative care identifies and treats symptoms which may be physical, emotional, spiritual or social. Because palliative care is based on individual needs, the services offered will differ but may include: Relief of pain and other symptoms e.g. vomiting, shortness of breath; Equipment needed to aid care at home; Assistance for families to come together to talk about sensitive issues; Planning for future medical treatment decisions and goals of care; Links to other services such as home help and financial support; Support for people to meet cultural obligations; Support for emotional, social and spiritual concerns; Counselling and grief support; Referrals to respite care services. Palliative care is a family-centred model of care, meaning that family and carers can receive practical and emotional support. Early referral to palliative care can often prolong life and certainly supports a better quality of life. Palliative care is required for a wide range of diseases. The majority of adults in need of palliative

care have chronic diseases such as cardiovascular diseases (38.5%), cancer (34%), chronic respiratory diseases (10.3%), AIDS (5.7%) and diabetes (4.6%). Many other conditions may require palliative care, including kidney failure, chronic liver disease, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, neurological disease, dementia, congenital anomalies and drug-resistant tuberculosis. Pain and difficulty in breathing are two of the most frequent and serious symptoms experienced by patients in need of palliative care. For example, 80% of patients with AIDS or cancer, and 67% of patients with cardiovascular disease or chronic obstructive pulmonary disease will experience moderate to severe pain at the end of their lives. Opioids are essential for managing pain. Opioids can also alleviate other common distressing physical symptoms including breathlessness. Controlling such symptoms at an early stage is an ethical duty to relieve suffering and to respect a person's dignity. Pain is one of the most prevalent symptoms near the end of life. Unrelieved pain can be a source of great distress for patients and families and exacerbate other symptoms. Therefore, the adequate management of pain at the end of life is imperative. Although opioid analgesics are the standard of care for treating moderate to severe pain in patients with advanced illness, the false fear that opioids induce respiratory depression and hasten death is a major barrier to their use at the end of life. However, both effects are uncommon when opioids are given at appropriate doses. Clinicians who care for the chronically ill and for those at the end of life should acquire competency in pain management. The patient's needs also may be met using approaches that don't rely on medication, such as specialized nutrition or breathing exercises. For additional relief, the palliative care team can introduce complementary therapies to address specific symptoms. The specifics of palliative care vary from case to case, as treatments are intended to address a patient's unique needs and tolerance for discomfort. The palliative care team routinely communicates with the patient to determine the intensity of their pain and other symptoms. Based on that information, they assess appropriate treatment options together. When a patient is unable to communicate or otherwise unable to self-report pain or other bothersome symptoms, the care team relies on pain assessment tools and clinical judgment to facilitate symptom relief. Optimal pain relief will not be possible unless all the elements of total pain are addressed. Clinicians should utilize other members of the multidisciplinary team, such as social workers and chaplains, to better treat suffering related to the different domains of total pain. People in lots of different situations can benefit from end of life care. Some of them may be expected to die within the next few hours or days. Others receive end of life care over many months. People are considered to be approaching the end of life when they are likely to die within the next 12 months, although this is not always possible to predict. This includes people whose death is imminent, as well as people who: have an advanced incurable illness, such as cancer, dementia or motor neurone disease; are generally frail and have co-existing conditions that mean they are expected to die within 12 months; have existing conditions if they are at risk of dying from a sudden crisis in their condition; have a life-threatening acute condition caused by a sudden catastrophic event, such as an accident or stroke. The traditional medical treatment model has become dichotomous, leading physicians to provide curative or aggressive treatment initially and to initiate comfort care only when other measures have failed. Palliative medicine establishes goals to relieve suffering in all stages of disease and is not limited to comfort care or end-of-life care[8-16].

## 3. Discussion

Palliative care improves the quality of life of patients and that of their families who are facing challenges associated with life-threatening illness, whether physical, psychological, social or spiritual. The quality of life of caregivers improves as well. Each year, an estimated 56.8 million people, including 25.7 million in the last year of life, are in need of palliative care. Worldwide, only about 14% of people who need palliative care currently receive it. Unnecessarily restrictive regulations for morphine and other essential controlled palliative medicines deny access to adequate palliative care. Adequate national policies, programmes, resources, and training on palliative care among health professionals are urgently needed in order to improve access. The global need for palliative care will continue to grow as a result of the ageing of populations and the rising burden of noncommunicable diseases and some communicable diseases. Early delivery of palliative care reduces unnecessary hospital admissions and the use of health services. Palliative care involves a range of services delivered by a range of professionals that all have equally important roles to play, including physicians, nursing, support workers, paramedics, pharmacists, physiotherapists and volunteers, in support of the patient and their family.

Generally, palliative medicine is discussed in the context of serious illness: chronic, progressive pulmonary disorders; renal disease; chronic heart failure; HIV/AIDS; progressive neurological conditioners; cancer; etc. It focuses upon the nature of treatment and the possible and impossible outcomes of therapy options. The intention of palliative care is to provide information to the patient and family so they can determine their goals and desired outcomes, goals of care discussion.

## 4. Conclusion

Different health and social care professionals may be involved in your end of life care, depending on your needs. For example, hospital doctors and nurses, your GP, community nurses, hospice staff and counsellors may all be involved, as well as social care staff, chaplains, physiotherapists, occupational therapists or complementary therapists. Total pain is the sum of the patient's physical, psychological, social, and spiritual pain. This concept is central to the assessment and diagnosis of pain and suffering. Palliative care is explicitly recognized under the human right to health. It should be provided through person-centered and integrated health services that pay special attention to the specific needs and preferences of individuals.

## 5. Compliance with ethical standards

*Disclosure of conflict of interest*

No conflict of interest to be disclosed.

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