Psychosocial Aspects in Palliative Care

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One of the goals of palliative care is to provide psychosocial support to patients and families facing life threatening illness.

Palliative care focuses on 4 aspects - Physical, Spiritual, Social and Psychological support.

Even experienced professionals often struggle when initiating complex, emotionally laden discussions about palliative care with seriously ill patients and their families.
Psychosocial care encompass

• Psychological approaches are concerned with enabling patients and their families to express thoughts, feelings and concerns relating to illness and death

• Palliative care providers can elicit patient’s concerns, goals, and values by using open-ended questions and following up on the patient’s response before discussing specific clinical decisions
Psychosocial issues include;

**Psychological issues**
- Dealing with pain
- Self image and self esteem
- Insight and adaptation to new status and its consequences
- Relationships
- Uncertainty about the future
- Chronic illness and effects
- Death and bereavement
- Dysfunctional families

**Social issues**
- Resources and finances burden
- Employment
- Roles reversed
- Time- ADL
- Dealing with unrealistic beliefs
- Wishes (will writing) and advanced directives
- Funeral arrangements
- Care giver burden
Case – Mrs. A

• **PC provider:** What is your understanding of where things stand now with your illness?

• **Mrs. A:** I know that the cancer is growing in my liver and that things don’t look good.

• **PC provider:** Yes, I wish that the liver lesions had gotten smaller. (Pause.) Tell me what is most important to you now.

• **Mrs. A:** I want to spend as much time as possible at home with my family.

• **PC provider:** How is your family coping with all of this?

• **Mrs. A:** (Starts crying.) My daughter is afraid to be with me because of all the bruises and the black eyes.
Cont...

• **PC provider:** What would you like to say to her when she is afraid?

• **Mrs. A:** (Still crying.) I want her to know that it is still me and that I love her more than she can ever know.

• **PC provider:** You love her so much, it must feel terrible to think about leaving her. (Pause.) How can your time with your daughter be as meaningful as possible?
Ways of supporting patients

• Assessment; key to identifying needs, wants and aspirations of patients & family
  • Personality
  • Patient’s surroundings
  • Patient understanding of diagnosis
  • Family support
  • Rules, values, beliefs, styles
  • Past experiences that may affect the illness
  • Relationships and/or communication
  • Role changes
  • Physical assessment
In assessment...

• Look for signs of;
  – Depression
  – Sadness
  – Anxiety
  – Fear
  – Anger
  – Suicidal ideas

To Manage, HCPs will require;

• Communication skills
• Reflective skills
• Listening skills
• Self awareness skills
• Sensitivity
Supportive Care

With loss of control
- Reinforce team playing
- Encourage maintenance of usual routines

Angry patient
- Validate feelings
- Identify source of hunger
- Respond to the feelings not the words

Anxious patient
- Express support
- Listen to them
- Encourage expression of feelings
- Relaxation techniques
- Referral
- Pharmacological modalities
Moving the conversation

• HCPs should acknowledge patients’ emotions, explore the meaning of these emotions, and encourage patients to say more about difficult topics

• Some patients may make statements or ask questions that are difficult to respond to

• Exploring such difficult issues may lessen feelings of aloneness even when the HCW cannot “fix” the problem, and it raises new opportunities for patients to find comfort.
Cont...

• At a minimum, once these emotions are discussed openly, the patient and family are no longer alone

• Moreover, fear, anxiety, and depression may be managed by simple interventions once they are understood.

• Rather than avoiding Mrs. A.’s grief regarding her daughter, the HCP might explore how to talk about her illness and death

“Palliation is like helping people discover life while losing it”
Probing further…

• **PC provider** (addressing Mrs. A.): I would like to know if you have any additional concerns.

• **Mrs. A.**: I am scared that I will bleed uncontrollably at home, and I won’t know what to do.

• **PC Provider; ...(??? next qn???)**
As patients struggle to find closure in their lives, active listening and empathy have great therapeutic value.

Pain and other suffering often are unrelieved and many patients are referred for hospice care only in the last days of life.

Some reasons explain why professionals do not embrace palliative care:

- Reimbursement disincentives
- Patient and physician reluctance to acknowledge suffering or death
- Limited training in or experience with caring for dying patients
Death is an inevitable outcome, but I **BELIEVE** we can positively influence the process.
References


Thank you...