Palliative care- Essay

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# Introduction

Palliative care is about focusing on minimizing the severity of pain and severity of any disease. Palliative care is about strengthening the patient’s resistance against the trauma of illness and minimizing the relief which ultimately aims at improving the quality of life for patient and family (Wright, Wood, Lynch, & Clark, 2008). Palliative care targets patients suffering from severe pain. The World Health Organization categorizes palliative treatment ‘the approach targeted for improving the life quality of patients caught with life-damaging illness.’ Palliative care starts from the early identification and treatment which may involve problems ranging from physical to spiritual level. As it is a general fact that intense pain turns into psychological and spiritual suffering, therefore the health care provider along with the family needs to play an urgent role in making better the health of patient (Wright et al., 2008). The health care experts opine that symptom management is the first and foremost mode of patient’s rehabilitation.

In medical processes, dying of a person from an incurable disease is considered natural. During the aging of disease, patient feels numerous psychosocial and physical changes with him. It is a general phenomenon that unrelieved symptoms like pain, dyspnea, etc prevails, despite huge progress attained in treating them. Nurses and physicians are responsible for addressing these deficits. In doing so, harmonizing of the ethical principles in order to protect patient vulnerability is possible. The Advance Care Directive (ACD), which enables people to make arrangement for lawful treatment of any type of diseases including palliative care and terminal illness offer a soothing substitute for adults. The essay argues that since ACD enables adults to make arrangements for future wishes about the health care in Australia, and appoints the substitute decision-maker on behalf of the patient, therefore it should be adopted by elders. The essay will include the debate about the ethical principles, the research about community decision making about ACD, the use of ACD and its legislative aspect in Victoria (Wright et al., 2008). A thorough conclusion will finally sum the debate.

## The ethical principle in ACP/ ACD

The ethical practice aims at providing principles for guiding about practices related to health in aged care settings and for institutional health care practices where the ACP/ ACD are under practice. The ethical principles acknowledge the fact that domestic laws surpass the ACP/ ACD standards where they contrast each other (Jeong, Higgins, & McMillan, 2010). The Australian health care authorities intend that soon the legislation will get aligned with ethical principles. The ethical practices in ACP/ACD are as follow

* The ACP/ ACD practices are based on respect for the patient’s autonomy. The patient’s autonomy includes his preferences which are always respected and privileged.
* The adults and individuals are entitled to make an independent decision without any influence.
* The freedom of the patient is exercised considering his culture, political or social affiliation, history, and financial background (Jeong et al., 2010a).
* Adults aspiring for ACP/ ACD are considered competent.
* The directions in ACD reflect the broad concept of healthcare.
* These directions are related to any time in the future.
* The individual is free to opt for the quality standards of his life.

## Research and community discussion about ACP/ ACD

The research and community discussion about ACP/ ACD suggests that the uptake of ACD/ ACP among Australians is very low. The citizens and many adults are not guided correctly for undertaking ACP. The case managers related to guiding the ACP/ ACD have less experience and are not well trained (Blackford & Street, 2012). For example, the facts suggest that in the largest state of Australia, the New South Wales, people are less focused toward opting for ACP/ ACD practices, despite presence of the largest number of female nurses. Some researchers also suggest that case managers are reluctant in initiating ACP with clients. These managers believe that such discussion with the client results in raising their expectations about comfort levels. Similarly, another research suggests that after concluding 70 percent discussions about ACP with clients, fewer than 20 percent progress toward documenting their treatment preferences (Blackford & Street, 2012). The community discussion is also not much different from what some research results suggest.

## Preparation and use of ACP/ ACD

The ACP is applicable for patients with multiple ranges of diagnoses but is principally for those with long term medical conditions or otherwise being treated for end of life care. Its preparation starts at the times when the patient is still in good condition to take parts in discussion pertaining to his or her health (Jeong et al., 2010) . Its use is more viable before a major loss of mental ability. Just in the case of dementia, the discussion and preparation for ACP/ ACD start in some initial phases. Research about the preparation and use of ACP/ ACD suggests that around thirty percent with cognitive impairments have the capacity to participate in ACP. Some further qualitative researches about the preparation and use of ACP/ ACD suggests that patients at early stages of diseases find such treatments useful and acceptable (Jeong, Higgins, & McMillan, 2010b). Just a very minimum percent of dementia patients face difficulty in the use of ACP/ACD.

## Legislation in Victoria

The Victorian law about ACP/ ACD suggests that the health practitioners must direct instructions for the ACP/ ACD. These are relevant unless the circumstances are changed and the instructional directions are no longer cognizant with the preferences of a person. Some health care experts believe that the application of VCAT (irrespective of the directions) can result in deterioration of patient’s condition (Carter, Detering, Silvester, & Sutton, 2016). Therefore, the Victorian law about the ACP/ ACD guides that the health care professional must comply with the treatment certificate. In Victoria, in the case any person refuses the treatment certificate and no longer suffers from ‘critical condition’, the refusal certificate will not remain viable.

## Analysis

Since the ACP provides the option for economically planning about future health consequences and personalized care. The major advantage of conforming to the ACP/ ACD practices is that the person’s values and penchants are made known so that any decision about his health during the ‘critical circumstances’ are best kept in line with his choices. This economic and communication prone method creates an environment workable at both ends. The health care practitioner may start the treatment, as according to the certificate provided, therefore any unnecessary delays are avoided. The Australian primary care settings suggest that the ACP/ ACD is a much viable option to opt for the personalized health setting when expected to be in a critical situation. Compared to the Western values, the Australian ACP/ ACD patterns are much reliable and authentic.

## Practices in relation to ACP/ ACD

The ACP/ ACD practices are customized. The adults opt for the physicians, for a specific time duration for treatment and even can designate an individual to take care of his medical needs, if he expects to face any critical situation (Sellars, Detering, & Silvester, 2015). Some more practices with reference to the ACP/ ACD are:

* The designated person needs to stand ‘in the shoe’ of patient and should acre for all his needs.
* The patient is all free to opt for the quality of life he wants.
* Decisions can be made for any specific time frame in the future.
* The health decisions could be broad and include almost every aspect of a patient’s health.
* The healthcare expert’s activities are focused on respecting the autonomy of the patient.

# Conclusion

From the above analysis and aspects of the ACP/ ACD practices in Australia and Victoria, it can be rightly argued that ACP interventions are beneficial for patients and their families. The health care staff also benefits with the timely provision of the certificate which guides the patient choices. The ACP/ ACD practices also guide the randomized control trials (RCTs), as to whether they are intervened in older adults or not. There are many areas in the ACP/ ACD practices which need to properly research upon in order to substantiate the deficiencies (McGlade et al., 2017). It must be done specifically for EOL patients. Some health care experts believe that the economic bearings of the ACP/ ACD programs are also needed to thoroughly research upon. As some of the available dates suggest that the ACP/ ACD practices might reduce the use of acute care hospitals. Finally, the outcomes of the research about ACP/ ACD can significantly impact the care and health resource use.

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