Beyond the terminal: Palliative care

April 15 2008

Palliative care was once reserved for patients when all curative options had been exhausted and death was imminent, but now it is considered an integral part of the care that should be available to patients with serious respiratory disorders and critical illnesses.

The American Thoracic Society (ATS) has published an official clinical policy statement to serve as a guideline for clinicians and other healthcare professionals who provide such care in the April 15 issue of the *American Journal of Respiratory and Critical Medicine.*

These guidelines represent an important milestone for pulmonary and critical care specialists and others whose patients suffer from serious respiratory diseases or critical illnesses. In the past 15 years, palliative care has emerged from near obscurity to become a board-certified medical specialty for physicians and a prominent part of contemporary healthcare for all providers and their patients.

"This is the first statement from the society on this topic. It's comprehensive and covers palliative care for children and adults, as well as for patients with pulmonary disorders or critical illnesses," said Paul N. Lanken, M.D., professor of medicine and medical ethics at the Hospital of the University of Pennsylvania and co-chair of the ATS task force that wrote the statement. "It recognizes palliative care as an important part of what doctors, nurses and other healthcare professionals should be doing."

The statement also puts forth a number of tenets designed to serve as

long-standing guides and values to providing palliative care. "We tried to focus not on prescriptive details that can be quickly outdated, but rather on overarching principles that can be applied regardless of advances in medical technology," said Peter B. Terry, M.D., professor of medicine at Johns Hopkins University and co-chair of the task force. "We augmented those principles by including citations to websites that we expect to be revised and updated much more quickly and frequently than can ATS statements."

Defining palliative care as an integral part of the treatment of seriously ill patients, the statement promotes:

-- Individualized care that is patient- and family-focused;
-- Integrated care that is offered when suffering begins, and should continue even after the patient's death with the psychological, spiritual and practical support of his or her bereaved caretakers;
-- Comprehensive symptom management to control shortness of breath, pain and other physical complications as well as the psychological challenges related to illness or dying; and
-- Professional competence and development of specific skills for healthcare providers who are involved in palliative care, especially the ability to communicate compassionately and effectively in order to help patients and/or family members make decisions about their care by determining treatment goals, developing appropriate strategies in line with those goals and preparing advance directives.

The statement also provides practical information for clinicians, such as when to consider referral to hospice care and how to withdraw mechanical ventilation.

Finally, the statement emphasizes the need for training, education and research. "We hope that the statement will spur more and better palliative care curricula in schools and hospitals to help develop or

enhance those skills in interested physicians," says Dr. Terry.

Source: American Thoracic Society

Citation: Beyond the terminal: Palliative care (2008, April 15) retrieved 17 April 2024 from https://medicalxpress.com/news/2008-04-terminal-palliative.html

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