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Palliative Care

Proven care for a better life and death

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When Bill-C-384, drafted to legalize euthanasia and assisted suicide, was defeated by a margin of 228 to 59 on April 21, 2010, parliamentarians heard and acted on the wishes of the majority of Canadians. Now is the time to continue improving end of life care in Canada.

Doctors, nurses and volunteers across Canada are already working to improving such care, affirming the dignity of patients living with chronic or terminal illness, through palliative care. [1] For the purposes of clarity, this definition of palliative care by Dame Cicely Saunders is clear and to the point: "We will do all we can not only to help you die peacefully, but also to live until you die." [2]

Instead of agreeing that a loved one is a burden who would be best dead, palliative care workers walk with patients and their families through the process of natural death.

Palliative medicine is a medical specialty officially recognized by the Royal College of Physicians and Surgeons since 1998. [3] Doctors may be accredited as a Doctor of Palliative Medicine after their completion of their M.D., and may enter palliative care either as a family doctor or as a medical specialist in another area. [4]

Doctors of Palliative Medicine strive to walk with patients and their families on the journey to natural death. A study of the desires of patients at the end of life found some needs during that journey:

- Be kept clean
- Name a decision maker
- Have a nurse with whom one feels comfortable
- Know what to expect about one's physical condition
- Have someone who will listen
- Maintain one's dignity
- Trust one's physician
- Have financial affairs in order
- Be free of pain
- Maintain sense of humor [5]

Notice that this list includes aspects which are physical, relational, and organizational. Palliative care doctors are part of teams with members who can address all of these needs.

Palliative care teams do not wish to prolong life. They desire nothing more than to make a patient and their family as comfortable as possible on the road to death.

The authors of a study of children with neurological diseases argue that only when the medical community examines the physical, psychological and other needs raised by the extension of life through medical intervention, , "will we be able to implement comprehensive management strategies that both prolong survival and optimize patient quality of life" [6]

And a study of the effects of palliative care interventions in the treatment of terminally ill cancer patients found that those who received palliative care "demonstrated higher quality of life (measured by an instrument designed for this specific population), [and] lower depressed mood..." [7]

Currently, access to palliative care is not uniform across Canada. Given these few examples of what palliative care means to dying patients and their families, we need to invest the appropriate personal, financial, educational and other resources necessary to move toward making such access universal. When people know they can die at peace physically, psychologically and relationally, under the care of a palliative care team, the vast majority will have no reason to ask for assisted suicide or euthanasia out of depression, hopelessness or uncontrolled pain.

Endnotes

[1] Palliative care is applicable to those with chronic illness and is not limited to the end of life. For the purposes of this paper, however, we will discuss palliative care in that context.

[2] Picard, A. (2010, July 21.) There are a lot better places to die than Canada. *The Globe and Mail*, p. L1. Dame Saunders founded St. Christopher's Hospice in London in 1967 and is seen as the founder of the modern hospice movement, which is also the basis of palliative care around the world.

[3] Personal communication with Jennifer Stewart, Manager, Specialities, Royal College of Physicians and Surgeons, July 23, 2010.

[4] Royal College of Physicians and Surgeons. (1999, April.) *Specific Standards of Accreditation for a 1-year Program of Added Competence in Palliative Medicine*. Section V. Retrieved July 26, 2010 from http://www.rcpsc.medical.org/residency/accreditation/ssas/palliativemed_e.html#content

[5] Steinhäuser, K.E., Christakis, N.A., Clipp, E.C., McNeilly, M., McIntyre, L., Tulsky, J.A. (2000). Factors Considered Important at the End of Life by Patients, Family, Physicians, and Other Care Providers. *Journal of the American Medical Association*, 284(19), pp. 2476-2482.

[6] Birnkrant, D. J., Noritz, G.H. (2008). Is There a Role for Palliative Care in Progressive Pediatric Neuromuscular Diseases? The Answer is "Yes"! *Journal of Palliative Care*, 24(4), p. 265.

[7] Bakitas, M., Lyons, K.D., Hegel, M.T. et al. (2009). Effects of a Palliative Care Intervention on Clinical Outcomes in Patients With Advanced Cancer : The Project ENABLE II Randomized Controlled Trial. *Journal of the American Medical Association*, 302(7), pp. 741-749.