

Opinion Piece for Palliative and Respiratory Care Tweet Chat 6th January 2015:8pm

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Some Definitions

The World Health Organisation defines the palliative care approach as *'improves the quality of life of patients and their families facing the problem associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (WHO 2002).*

Palliative care *'is not about prolonging life it is about making the end of life more comfortable'* (National Council for Palliative Care and Marie Curie Cancer Care 2014). It affirms life and regards dying as a normal process, intends to neither hasten nor postpone death, integrates psychological and spiritual aspects of care, helps people to live as actively as possible until death, offers support systems to families before and after death, uses a team approach and is applicable early in the course of the illness (WHO 2002). It should be delivered on the basis of need, not diagnosis or prognosis (WPCA 2014, Higginson and Addington Hall 1999, Murtagh et al 2013, Waller et al 2010, Waller et al 2013). These include across all chronic and cancer conditions (Grant et al 2011, Seamark et al 2007, Van Mechelen et al 2013, Kane et al 2013), early intervention (Gomez-Baptise et al 2012, Temel et al 2010), throughout all levels of care from generalists to specialists and in all care settings (WPCA 2014).

The UK End of Life Strategy (DOH 2008) defines 'end of life care' as *'helps those with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support'* (National Council for Palliative Care 2006).

NICE defines 'supportive care' as; *'Supportive care helps the patient and their family cope with their condition and treatment of it from pre diagnosis, through the process of diagnosis and treatment, to cure, continuing illness or death and into bereavement. It helps the patient maximise the benefits of treatment and to live as well as possible with the effects of the disease. It is given equal priority alongside diagnosis and treatment'* (NICE 2004:17, NCPC 2014).

Hospice UK (formerly Help the Hospices), the umbrella organisations for adult and children hospices in the UK define 'hospice care' as *'seeks to improve the quality of life and well-being of adults and children with a life limiting or terminal illness, helping them live as fully as they can for the precious time they have left. It aspires to be accessible to all who could benefit and reflect personal preferences and needs'* (Hospice UK 2014a).

Hui et al (Jan 2014) systematic review of concepts and definitions of 'actively dying', 'end of life', 'terminally ill' and 'terminal care' identified two defining features for these terms namely: these being life limiting disease with irreversible decline and expected survival in terms of months or less. Hui et al (2014) went further defining 'actively dying' as hours or days of survival.

Full references on request