Palliative Care in the Acute Environment

The medical diagnoses that lead to a requirement for palliative care are mostly made in the acute sector. Here patients will receive disease-oriented treatment but rarely holistic or person-centred care. All too often, the patient will only be referred to palliative care when they are dying and the futility of continued treatment undeniable. This is associated with a sudden and often distressing transition from curative to comfort care and the late referral of actively dying patients can make good palliative care very difficult[4].

The advantages of integrating palliative care with acute care have been explored in specialities such as oncology and HIV/AIDS (Fig 1)[1]. This has been termed the 'mixed management model' of end-of-life care[2], in which continued acute, aggressive treatment of the underlying disease does not preclude the provision of good palliative care.

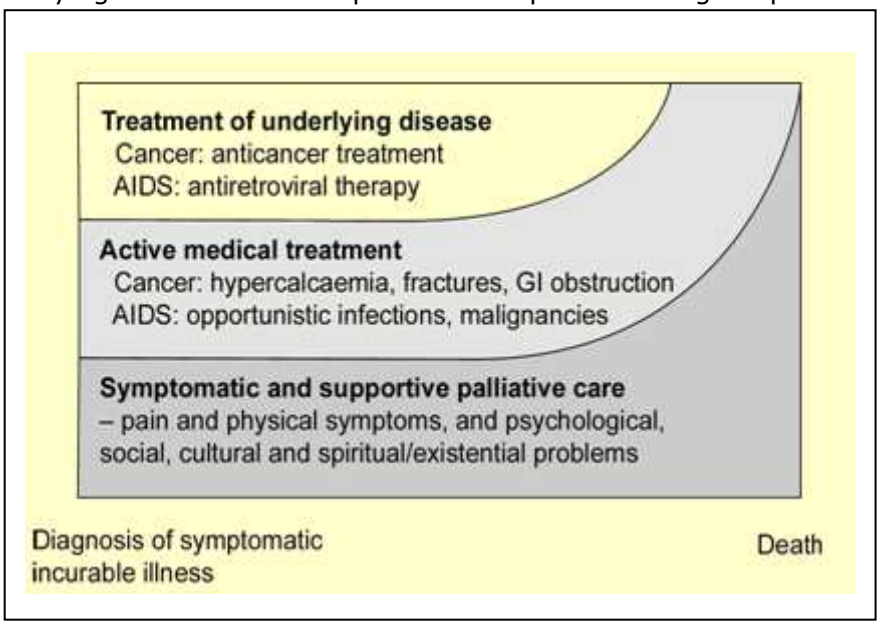

Fig 1 *A modern view of palliative care. Symptomatic and supportive palliative care is complementary to, and seamlessly integrated with, active treatment of the underlying disease.*

Such treatment is complementary to (and not in competition with) all the active medical aspects of treatment and should be integrated with it in a seamless manner. Excellent treatment of pain and physical symptoms, and particularly the psychosocial dimensions of suffering, should be part of the treatment plan for all seriously ill patients and not just those who are actively dying[3].

Patients should not be classified as either 'active' or 'palliative', and should not be subjected to sudden and unexpected changes in the direction of care[4].

Only by integrating palliative care with acute care will we increase the referral of appropriate patients, appropriately aware, and at an appropriate time[4].

References

[1] Woodruff R. Palliative Medicine - *Symptomatic and supportive care for patients with advanced cancer and AIDS*, 3rd edition, Oxford University Press, 1999.

[2] Glare PA and Virik K. *Can we do better in end-of-life care? the mixed management model and palliative care*. Med J Aust 2001; 175: 530-533.

[3] Snyder L and Quill TE. *Introduction. In Physicians Guide to End-of-Life Care*, edited by Lois Snyder and Timothy E Quill. American College of Physicians, Philadelphia 2001.

[4] Woodruff R. (2002, June). Integrating Palliative Care into the Acute Health Care Sector. *Palliative Care News*. Retrieved from http://www.palliativecare.org.au/