



Irish Association for Palliative Care Special Interest Group for Older Person Care

The Special Interest Group for Older Person Care is a special interest working group of the IAPC. The purpose of the Group is to address the challenges in meeting the current and future needs of those requiring palliative care and end-of-life care in extended care settings and also future access to and delivery of palliative care in these settings.

The Group is established under the IAPC's Mission to promote palliative care through education, representation and networking and thereby build capacity in palliative care at the individual and at sector level on the Island of Ireland.

The role of the IAPC Special Interest Group for Older Person Care is to be: -

- (a) a learning network which actively promotes the application of best practice in all aspects of older person care and palliative care through the sharing of knowledge, learning, experience, skills and practice in relation to the care of older people
 - (b) a source of information and data on the provision of services related to older person care on the island of Ireland
 - (c) an expert advisory group to the IAPC Board on key issues relating to older person care, including service provision and policy development, implementation and monitoring
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Discussion Document – Palliative Care and Older Person Care

The demographic changes related to the ageing population, longer life expectancies, changing illness trajectories, and advances in medical, pharmacological and surgical interventions have challenged the historical view of palliative care. While the philosophy that most commonly underpins older person care is person centred care, its core values and beliefs are aligned with those of palliative care and providing a palliative care approach.

The term palliative care has traditionally been associated with malignant disease and terminal care. It is worth exploring how it now might be understood in older person care. It has been suggested that the period during which older people live in residential homes can be considered the end of life period, so there is a need for a palliative approach to care in this care setting (Frogatt and Payne, 2006; Parker et al, 2005). In keeping with the principles and philosophy of palliative care and the principles and philosophy of older person care, there is evidence to support the argument that the provision of palliative care in nursing homes improves the quality of care received by residents (Baer and Hanson, 2000).

The following two definitions of palliative care are related to older people regardless of setting. Palliative care is described as:

‘active, compassionate approach that treats comforts and supports older individuals who are living with, or dying from, progressive or chronic life threatening conditions. Such care is sensitive to personal, cultural, and spiritual values, beliefs and practices and encompasses support for families and friends up to and including the period of bereavement (Ross et al, 2000:9).

In the second definition, Pautex et al (2010:790) describe the merging of the care of the older person and palliative care as Geriatric Palliative Medicine (GPM).

'[GPM] is the medical care and management of older persons with health related problems and progressive, advanced disease for which the prognosis is limited and the focus of care is quality of life. GPM combines principles of geriatric medicine and palliative care; focuses on comprehensive geriatric assessment; relief of pain and other symptoms; and management of physical and psychological problems; integrating social, spiritual and environmental aspects. It recognises the unique features of symptom and disease presentation, the interaction between diseases, the need for safe drug prescribing, and the importance of a tailored multidisciplinary approach for older patients receiving palliative care and their family; it emphasises the importance of autonomy, the involvement in decision making and the existence of ethical dilemmas. It calls for good communication skills when discussing and giving information to older people and their families; addresses the needs of older patients and their families across all settings; pays special attention to transitions within and between settings of care and offers a support system to help families cope during the patients terminal phase of care'.

Two Irish studies exploring end of life care and palliative care for older people in long stay settings by Payne et al, (2009) and Casey et al (2011) indicate a lack of understanding of the principles of palliative care, a failure to recognise approaching death until it is too late to implement care and uncertainty about how to deal with older people as they are dying. They also suggest that the shift to providing appropriate palliative care services for older people at End of Life has not yet occurred.

Across developed countries the number of patients with palliative care needs is expected to rise in tandem with the ageing population (Gomes et al. 2011). Although less than 15% of older people die of a terminal disease such as cancer, many more die following a slow period of deterioration (Goodman et al., 2003). The challenge lies in the fact that the slow trajectory towards death for these residents is often punctuated by acute and apparently reversible illnesses such as pneumonia, sepsis and dehydration. These episodes of acute illness may occur repeatedly before death (Hanson et al., 2002). Residents will need support and care through these illnesses. The concept of palliative care is above all based on the idea of reinforcing factors that improve quality of life, and decreasing the impact of factors that may reduce quality of life, which seems adequate as a concept for the long term care of older people (Hallberg, 2006).

The World Health Organisation defined palliative care as an approach that is applicable early on in the illness trajectory. The world wide palliatives care alliance (2014) affirmed and adapted the definition emphasising that Palliative Care be adopted by all not just professionals specialising in palliative care.

This special interest group seeks to embrace the knowledge and experience of those caring for older people in the acute setting, long term residential care and in the community who seek to embrace that palliative care approach and find ways in which a shared understanding may be developed which impacts on the quality of care that older people receive as they live and die in their older years. It also acknowledges that although a palliative care approach builds on the knowledge and expertise of palliative care it is also apparent that it needs to be adapted to the particular needs of older people with chronic life limiting conditions.
