

Evidence Supports the Efficacy of a Palliative Care Approach in Improvement of a Person's Quality of life.

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Introduction

Palliative care (derived from the Latin root *palliare* or 'to cloak') is an interdisciplinary medical caregiving approach aimed at optimizing quality of life and mitigating suffering among people with serious, complex illnesses. Within the published literature, many definitions of palliative care exist. The World Health Organization (WHO) describes palliative care as "an approach that improves the quality of life of patients and their families facing the problems 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." In the past, palliative care was a disease specific approach, but today the WHO takes a more broad approach, that the principles of palliative care should be applied as early as possible to any chronic and ultimately fatal illness. Palliative care is appropriate for individuals with serious illnesses across the age spectrum and can be provided as the main goal of care or in tandem with curative treatment. It is provided by an interdisciplinary team which can include physicians, nurses, occupational and physical therapists, psychologists, social workers, chaplains, and dietitians. Palliative care can be provided in a variety of contexts, including hospitals, outpatient, skilled-nursing, and

home settings. Although an important part of end-of-life care, palliative care is not limited to individuals near the end of life.

Palliative care's main focus is to improve the quality of life for those with chronic illnesses. It is commonly the case that palliative care is provided at the end of life, but it can be helpful for a person of any stage of illness that is critical or any age.

Scope

The overall goal of palliative care is to improve quality of life of individuals with serious illness, any life-threatening condition which either reduces an individual's daily function or quality of life or increases caregiver burden, through pain and symptom management, identification and support of caregiver needs, and care coordination. Palliative care can be delivered at any stage of illness alongside other treatments with curative or life-prolonging intent and is not restricted to people receiving end-of-life care. Historically, palliative care services were focused on individuals with incurable cancer, but this framework is now applied to other diseases, like severe heart failure, chronic obstructive pulmonary disease, and multiple sclerosis and other neurodegenerative conditions

Palliative care can be initiated in a variety of care settings, including emergency rooms, hospitals, hospice facilities, or at home. For some severe disease processes, medical specialty professional organizations recommend initiating palliative care at the time of diagnosis or when disease-directed options would not improve a patient's prognosis. For example, the American Society of Clinical Oncology recommends that patients with advanced cancer should be "referred to interdisciplinary palliative care teams that provide inpatient and outpatient care early in the course of disease, alongside active treatment of their cancer" within eight weeks of diagnosis. Appropriately engaging palliative care providers as a part of patient care improves overall symptom control, quality of life, and family satisfaction of care while reducing overall healthcare costs.