

Let patients live... before they leave

Turning to palliative and hospice care gives doctors an opportunity to improve the quality of life of patients who are terminally ill



WATCHING a loved one slip away as he takes his final breath – even as we cling to hopes of a reprieve – can be very painful. For some patients, the end can come unexpectedly without them having a chance to say goodbye or have their wishes fulfilled, for example, dying at home. Family and friends often experience fear, anger, regret and guilt when that happens.

Preparing a patient's family and friends for the inevitable can help ease their eventual loss. But how do medical professionals decide when it is time to refer a patient to palliative and hospice care? Is there ever a "right time" for doctors to move the focus from treatment to relieving the patient's pain, loss of independence and stress?

Doctors agree that when a patient is terminally ill and the prognosis is dismal, it is time to begin discussions about engaging hospice care. But they may sometimes hesitate to do so, fearing that a referral to hospice care is akin to stopping treatment, giving up on the patient, or taking the easy way out. They may even be unfamiliar with hospice care and the work involved.

Yet, turning to palliative and hospice care actually gives doctors an opportunity to take active measures to improve the quality of life of their patients such as by treating various types of pain.

Many families of terminally ill patients are often uncertain about what to do

and need advice from a trusted medical practitioner who carefully considers the wishes of the patient and his family before making a referral to hospice care.

"Ideally, patients should be allowed to be cared for or die at home, if families can provide and cope with the basic nursing care that is required," said Dr Chan Kin Ming, a geriatrician.



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DR BOON JIABIN, MEDICAL OFFICER, HCA HOSPICE CARE, ON HOW THE ABILITY TO COMFORT SOMETIMES LIES IN A SIMPLE TOUCH OR THE MERE PRESENCE OF THE PHYSICIAN

Initiating discussions about end-of-life care with patients and their families is not easy, even for doctors who are familiar with the role and benefits of hospice care.

Dr Boon Jiabin, Medical Officer, HCA Hospice Care, said that even though he prepared carefully for each visit, "many

times, things did not go as planned."

He has realised the importance of just listening and offering comfort and care whenever the need arises.

Every patient is different, and what works for one may not work for another, even in a similar situation, said Dr Boon. He recalled a patient who did not want to take medication asking him if she was dying. "Holding back tears, I could only tell her that I thought she might be right."

He then listened as she reminisced about past home visits and her life experiences. This was enough to help her sleep through the night with a smile on her face. A few days later, she died peacefully at home.

The incident helped Dr Boon realise that while medication may be readily available, the ability to comfort sometimes lies in a simple touch or the mere presence of the physician. He said, "The old adage, 'To cure sometimes, to relieve often, to comfort always,' still

rings true." There is no need to choose between providing aggressive treatment or hospice care for terminally ill patients; both options can be offered concurrently. Palliative and hospice care professionals are part of a multi-disciplinary team that promotes the best interests of patients and their families.

Understanding what patients and their loved ones want when faced with a life-limiting illness is key to identifying how palliative and hospice care can contribute to the continuum of care for patients at this critical stage of their lives.

In keeping a patient's best interests at heart, doctors may find themselves in a better position to assess and evaluate if and how palliative and hospice care can enable, rather than disable, him and his loved ones.

This article is adapted from *HCA Connect*, a bimonthly newsletter by HCA Hospice Care.

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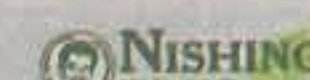
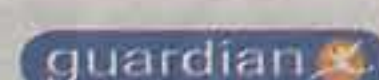
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